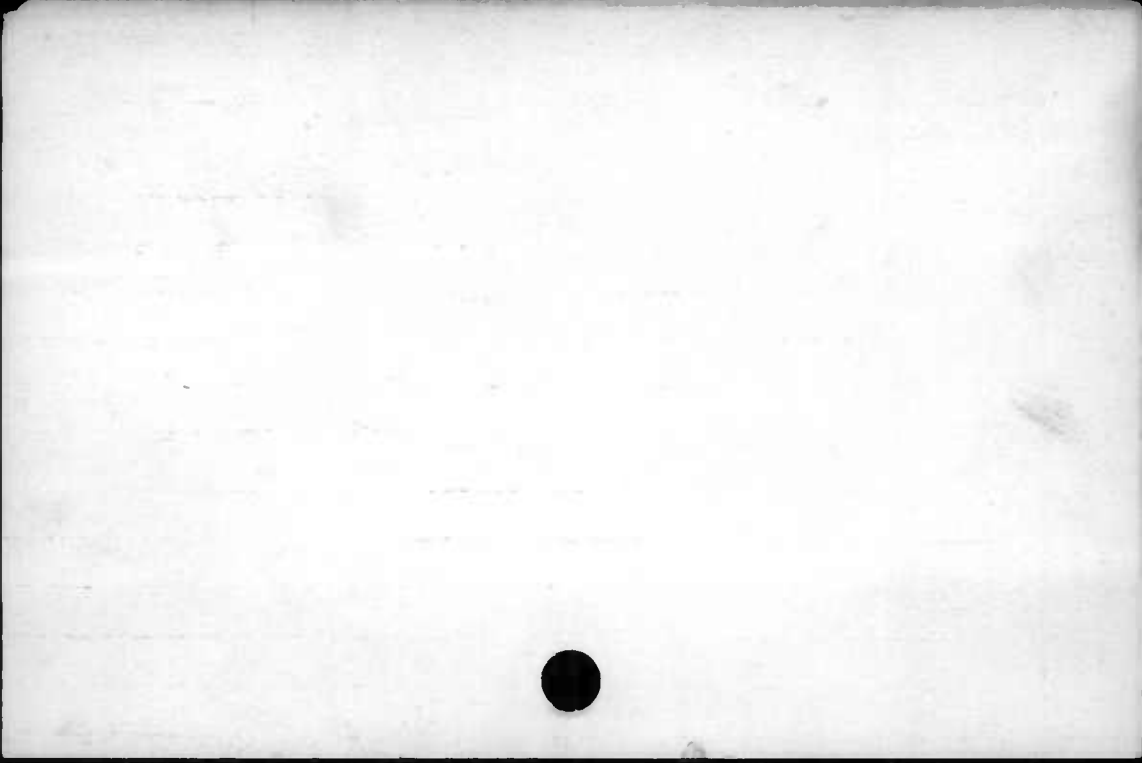


Name In Full		CERTIFICATE OF DEATH			
		<div style="text-align: right;"> MARYLAND </div>			
Died at <i>On St George Ave Balto</i>		<div style="text-align: right;"> County </div>			
Date of death <i>1906 Aug 11</i>		Age <i>1 1/2</i>		Months <i>1 1/2</i>	
Sex <i>B.M.</i>		Color or Race <i>W</i>		Birth-place <i>Loxansdown</i>	
Occupation <i>—</i>		Where Residing If not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Geo. A. Albrecht</i>		Father's Birthplace <i>Balto</i>			
Mother's Maiden Name <i>Clara F. Rigel</i>		Mother's Birthplace <i>Balto</i>			
Name of person giving information <i>Geo. A. Albrecht</i>		How related to deceased <i>Father</i>			
<div style="text-align: center;"> CAUSES OF DEATH </div>					
Primary <i>Plashtis</i>		How long <i>4 wks</i>			
Immediate <i>Exhaustion</i>		How long <i>—</i>			
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wm. S. Siddle</i>			
		Address <i>2631 Greenmount Ave</i>			
Accident or Suicide? <i>—</i>					



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

John Henry Allers
Died at ^{Town} Near McDonough ^{County} BaltimoreDate of death 1906 ^{Month} August ^{Day} 1st ^{Years} 60 ^{Months} 6 ^{Days} 29

Sex Male Color or Race White Birth-place Howard Co.

Occupation Farmer Where Residing if not at place of death ✓

Married, Single or Widowed Widower Name of Wife or Husband ✓

Father's Name Elans Allers

Father's Birthplace Germany

Mother's Maiden Name Mary

Mother's Birthplace Germany

Name of person giving Information Miranda E. Allers

How related to deceased daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary temporary aberration of mind

How long ✓

Immediate Gun Shot wound

How long ✓

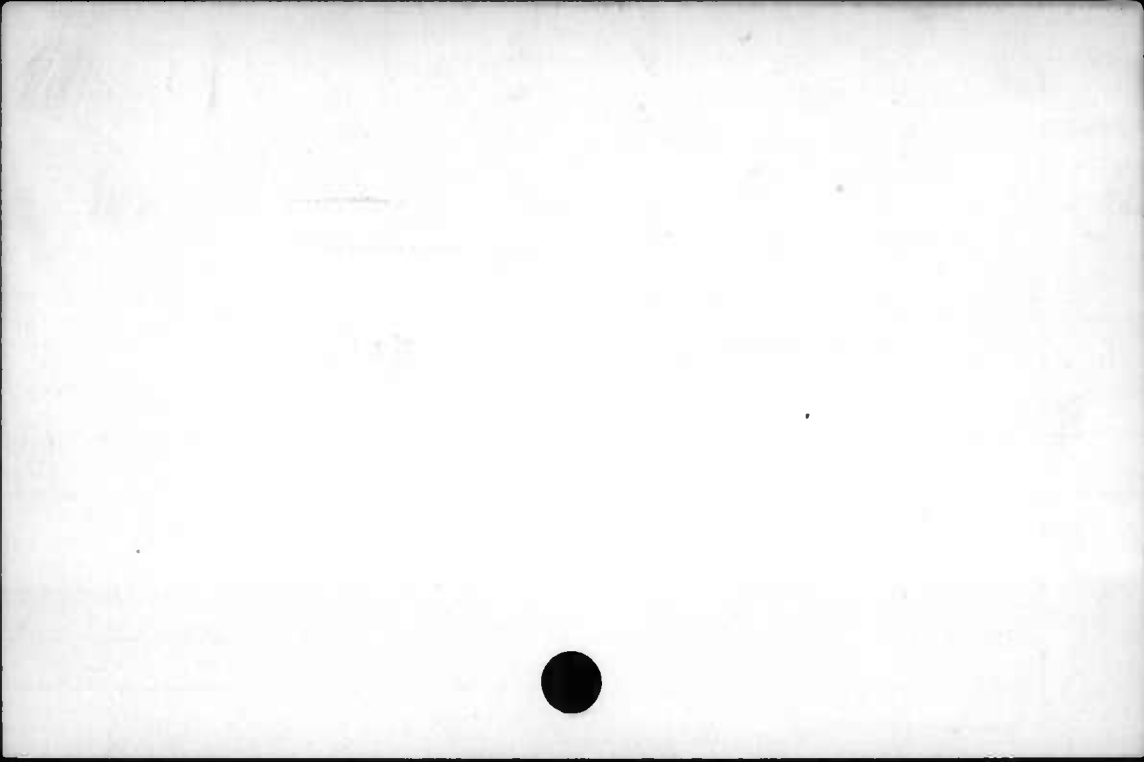
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician James T. Holliday, M.D.

Address Arlington, D. C.

Resident or Suicide?

Baltimore, Md.



TO BE ANSWERED BY
NEAREST FRIEND

James Alston

Died at *Sparrows Point* *Baltimore* County

MARYLAND

Date of death *1906 Aug 30* Month *Aug* Day *30* Age *9* Years *9* Months *20* Days

Sex *male* Color or Race *col* Birth-place *Sparrows Point*

Occupation *—* Where Residing if not at place of death *" "*

~~Married~~ Single *—* Name of Wife or Husband *—*

Father's Name *James Alston*

Father's Birthplace *N.C.*

Mother's Maiden Name *Josephine Mills*

Mother's Birthplace *N.C.*

Name of person giving information *James Alston*

How related to deceased *father*

CAUSES OF DEATH

Primary *Acute Bronchitis* *(90)*

How long *3 or 4 days*

Immediate *exhaustion*

How long *1 day*

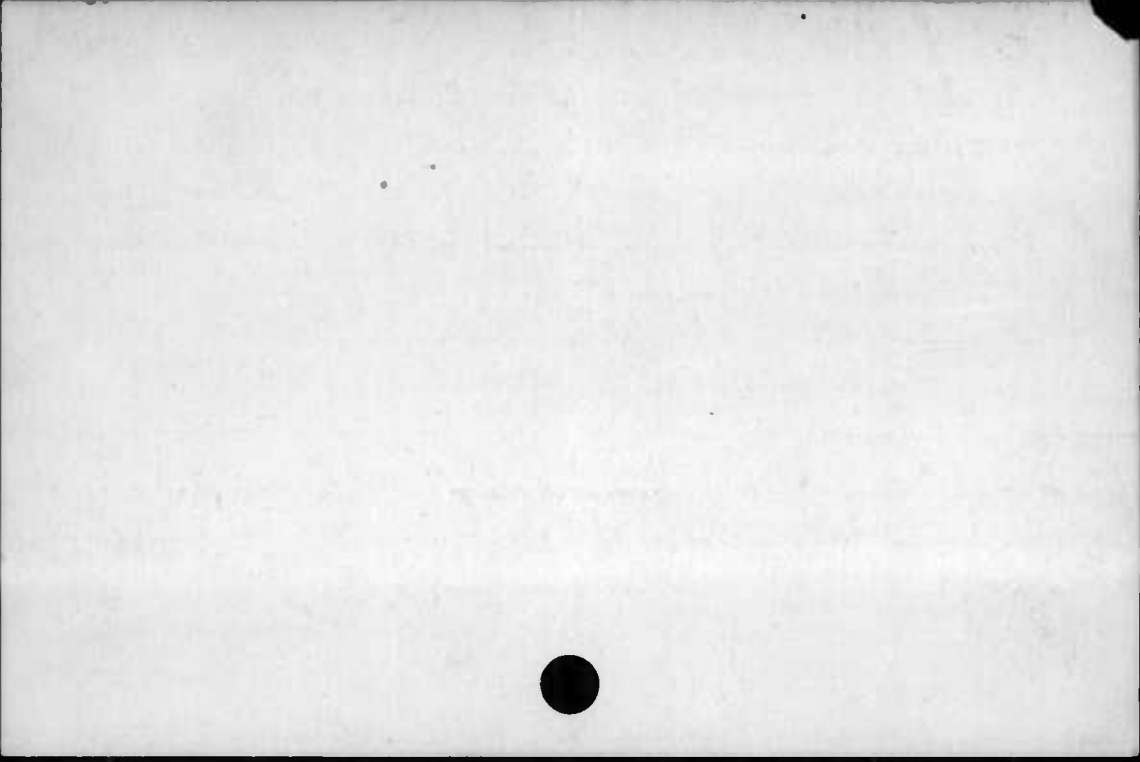
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *E. C. McDermick MD*

Address *Sparrows Point Md*

Accident or Suicide? *no*

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Died at

Ethel May Amos.

Town

Harrison

County

Baltimore

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1906 August

15

Age

17

8

17

Sex

Female

Color or
Race

white

Birth-
place

7th

Occupation

Sewtress

Where Residing if not
at place of death

2735. Huntington Ave

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Wilbert Amos.

Father's
Birthplace

7th

Mother's
Maiden Name

Annie R. Amos.

Mother's
Birthplace

Pa

Name of person giving
In formation

A. F. Philbin

How related
to deceased

Friend

CAUSES OF DEATH

Primary

Drowning

172

How long

Immediate

yes.

How long

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

D. G. Thompson

Address

1500 Highland Ave
Baltimore

Accident or Suicide?

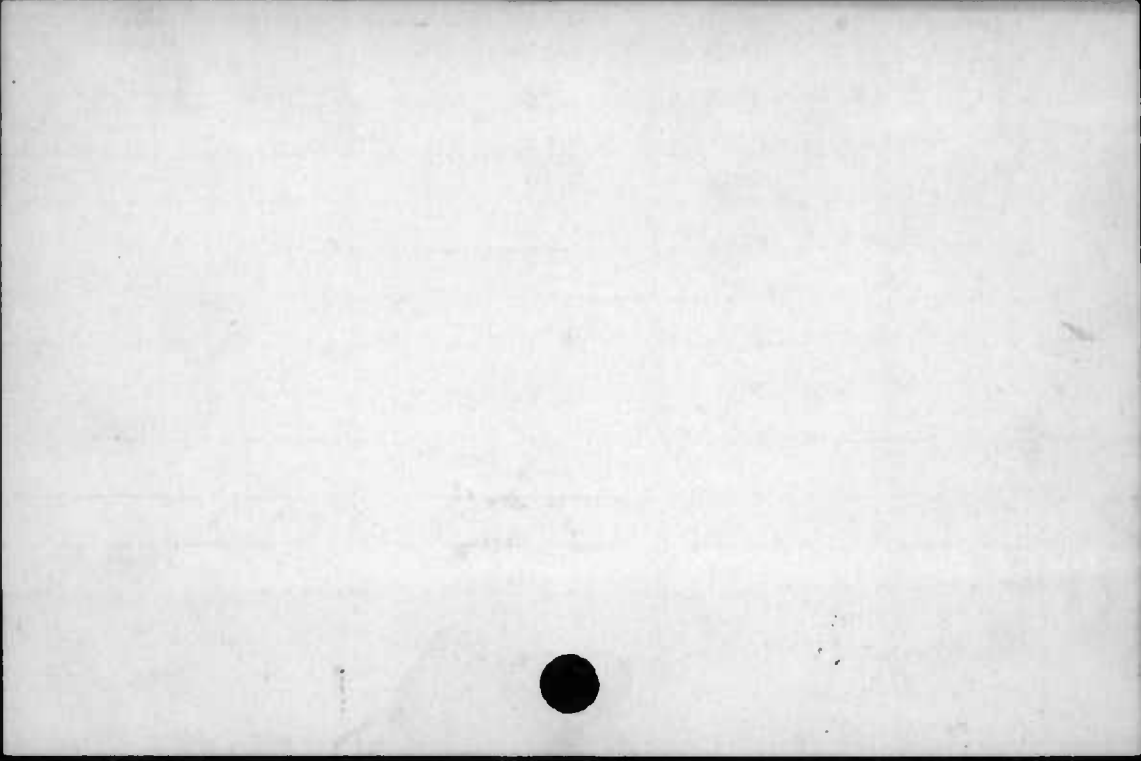
Accidental

TO BE ANSWERED BY
NEAREST FRIEND

REGISTERED

REGISTRAR

D. G. Thompson



Name
in
Full

Matthew Smith Atkinson

CERTIFICATE OF DEATH

MARYLAND

Died ^{Town} near Garrison

County Balto

Date of death 1906 Aug

Month 23

Day 58

Years 10

Months 16

Sex Male

Color or Race

White

Birth-place

Occupation

Merchant

Where Residing if not at place of death

At place of death

Married, Single or Widowed

Married

Name of Wife or Husband

Eliza B. Atkinson

Father's Name

Jas. C. Atkinson

Father's Birthplace

Maryland

Mother's Maiden Name

Hannah A. Smith

Mother's Birthplace

Maryland

Name of person giving information

Ms Atkinson Jr

How related to deceased

Son

CAUSES OF DEATH

Primary

Pleurisy

How long

2 years

Immediate

General weakness

How long

2 months

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

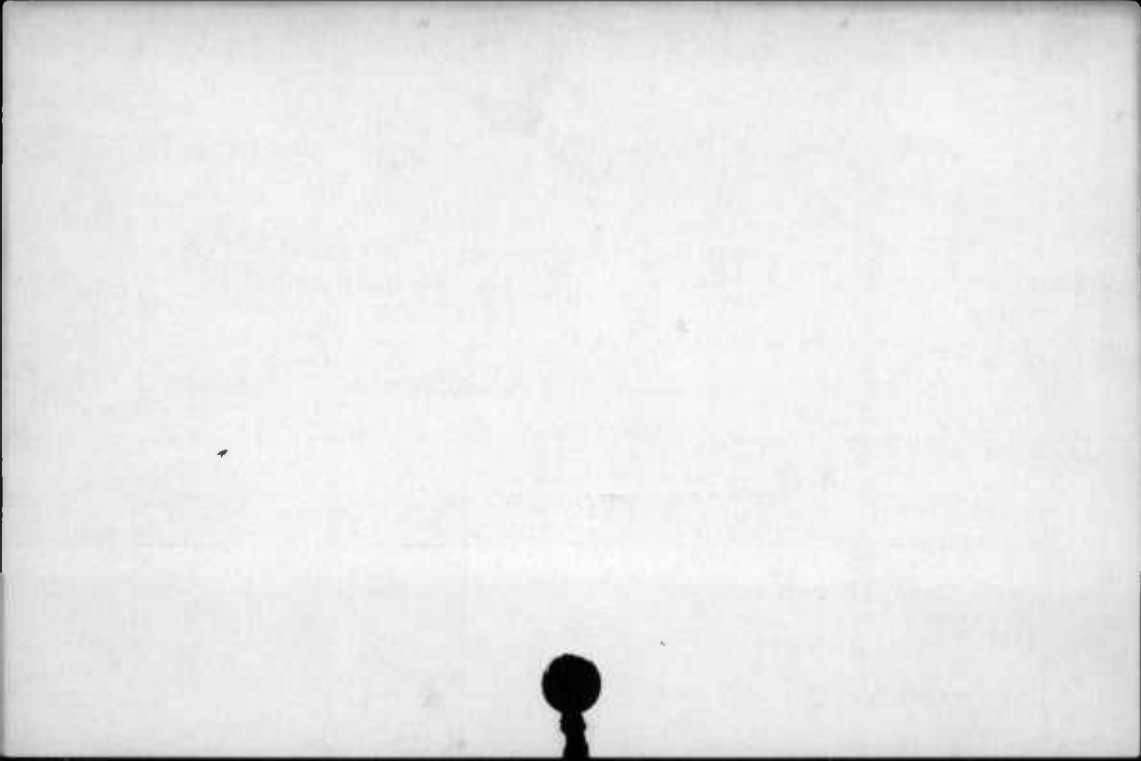
J. B. Atkinson

Address

21 W. Chase St.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

John Frederick Bachner

8/3/14

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Randallstown^{County} Balt

Date of death 1906 Aug

Day 13

Age 84

Months

Days

Sex Male

Color or
Race

White

Birth-
place

Germany

Occupation

None

Where Residing if not
at place of death

Randallstown

Married, Single
or WidowedName of Wife or
Husband

Barbara

Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
Information

J. J. Stubb

How related
to deceased

CAUSES OF DEATH

Primary

Suicide

How long

Immediate

Died about six hours

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. J. Stubb

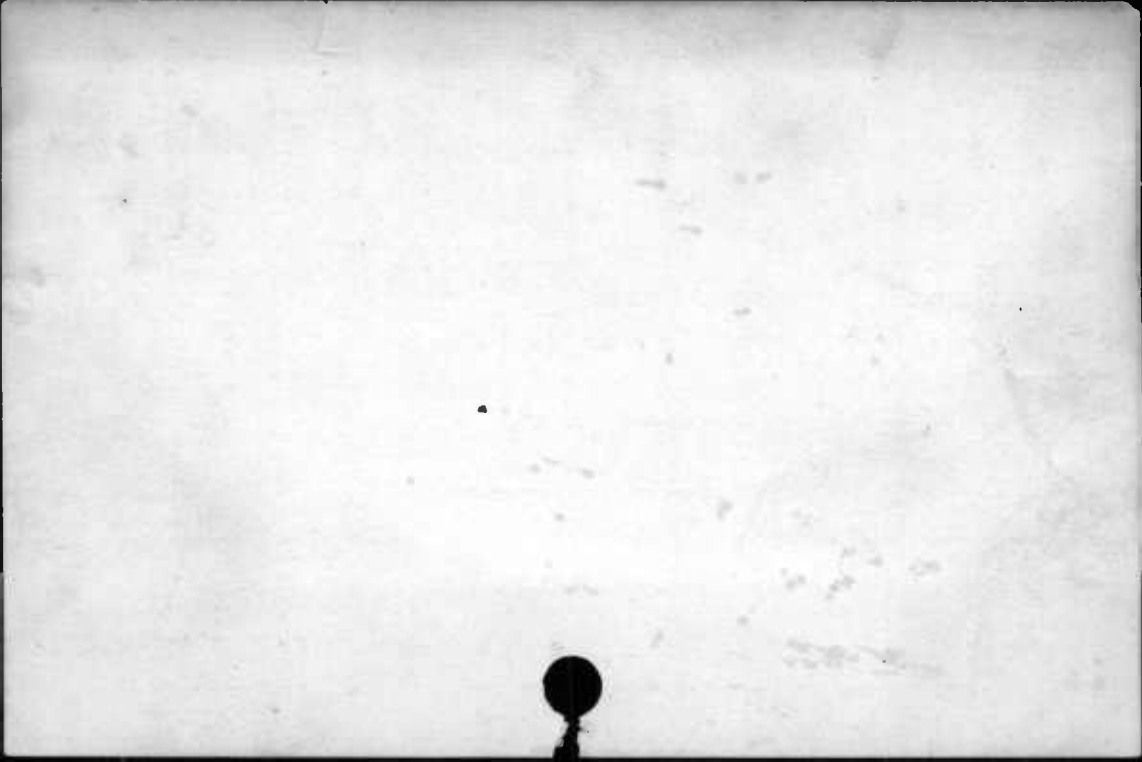
Address

Randallstown

Cut his throat with

Suicide? knife

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mary Barber

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Melvaer^{County} Balto

Date of death 1906 Aug.

Day 23

Age 16 Years

Months

Days

Sex Female

Color or
Race

Green

Birth-
place

Balto.-MD

Occupation

Sewing female

Where Residing if not
at place of death

Indust Home

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Robert Barber

Father's
BirthplaceMother's
Maiden Name

Unknown

Mother's
BirthplaceName of person giving
In formation

Superior of Home

How related
to deceased

CAUSES OF DEATH

Primary

Pneum Tuberculosis

How long

Three weeks

Immediate

Asthma

How long

Three weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

W. Winsey MD

Address

1224 E. Fay St
Balto.-MD

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

A. S. Marshall
3539 Falls Road
Any set etc.
Melvale I Home Church,

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Glenview</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>Aug</i>	Day <i>1</i>	Age <i>105</i> Years	Months <i>7</i>	Days <i>1</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Glenview</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>John Baughman</i>			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

Primary	<i>Cholera enterica</i>	How long
Immediate	<i>collapse</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>B. R. Kermantine</i>	
	Address <i>Glenview, Ind.</i>	
Accident or Suicide?		

•PHYSICIAN
OR CORONER

Funeral at Immanuel
Cemetery Glenview. Thursday
July 2

W. C. Brooks

Name
in
Full

Ella Beard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1904		Aug.	17	29			
Sex	Color or Race		Birth-place				
Female	Cul		Md				
Occupation	Where Residing if not at place of death						
Housework	Lowern						
Married, Yes	Name of Wife or Husband		John Beard.				
Father's Name	Father's Birthplace		Md.				
Mother's Maiden Name	Mother's Birthplace		Md.				
Name of person giving information	How related to deceased		Brother				
Benj- Matthews							
Margaret Casaway							
Joseph Matthews							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright's disease	How long	5 Mo.
Immediate	Dropsy	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		J. Goylen Ewer M.D.	
		Address	
		Lowern Md.	

~~Accident or Suicide?~~

John Burns Sons
Lansons

United Brethren ^{Chrch}
Cems
Lansons

Name
in
Full

Nette Hunter Beard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Town</u>		County <u>Balto</u>		MARYLAND	
Date of death	1906	Month	Aug	Day	6
Age		Years		Months	
Sex		Color or Race		Birth-place	
Occupation		Where Residing if not at place of death		Days	
Married, Single or divorced		How long		Days	
Father's Name		Father's Birthplace		Mother's Birthplace	
Mother's Maiden Name		How related to deceased			
Name of person giving information					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	General Inflammation	How long	3 months
Immediate	Cardiac Asthenia	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Address		Address	

John Burns Bone
Louson

Sandy Bottom
ceru

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at

James Beasley
~~Baltimore~~ Town ~~Baltimore~~ BaltimoreDate
of death

1906

Month

August

Day

22

Years

Age

35

Months

Days

Sex

Male

Color or
Race

colored

Birth-
place

Va

Occupation

Laborer

Where Residing if not
at place of death.

Turners sta

Married, Single
or Widowed

married

Name of Wife
Husband

Gertrude Gunderia

Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation

Gertrude Gunderia

How related
to deceasedwife
signature

CAUSES OF DEATH

Primary

Killed by car of WRECC

How long

Immediate

yes.

How long

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

P. Dunnington

Address

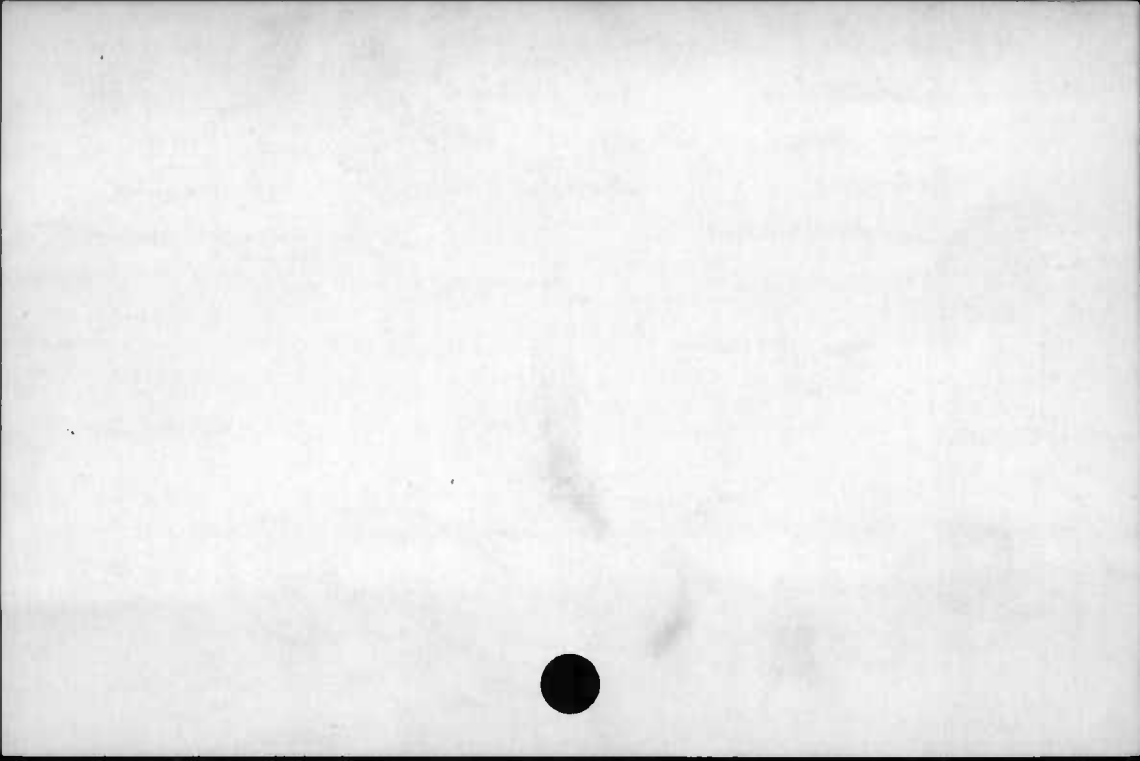
203 Trone St.
Cormer

Accident

Suicide?

Accident

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		CERTIFICATE OF DEATH			
Wm. H. Bell		BALTO. County			
Died at Lutherville ^{Town}		BALTO. County		MARYLAND	
Date of death 1906 Aug 29.		Age 80		Months 5 Days 8	
Sex Male		Color or Race white		Birth-place Frederick	
Occupation Brick Maker		Where Residing if not at place of death Lutherville			
Married, Single or Widowed Married		Name of Wife or Husband Annie E. Bell			
Father's Name Wm. R. Bell		Father's Birthplace —			
Mother's Maiden Name Annie E. Spencer		Mother's Birthplace Carroll Co. Md.			
Name of person giving information Annie E. Bell		How related to deceased wife			
CAUSES OF DEATH					
Primary		How long			
Uter + Vaginal System		Nine months			
Immediate		How long			
Gangrene		Six weeks			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
Yes		W. L. Smith M.D.			
		Address			
		Rider, Md.			
Accident or Suicide?					

John Burns, Esq

Burial at

Westminster

Ed

Name
in
Full

CERTIFICATE OF DEATH

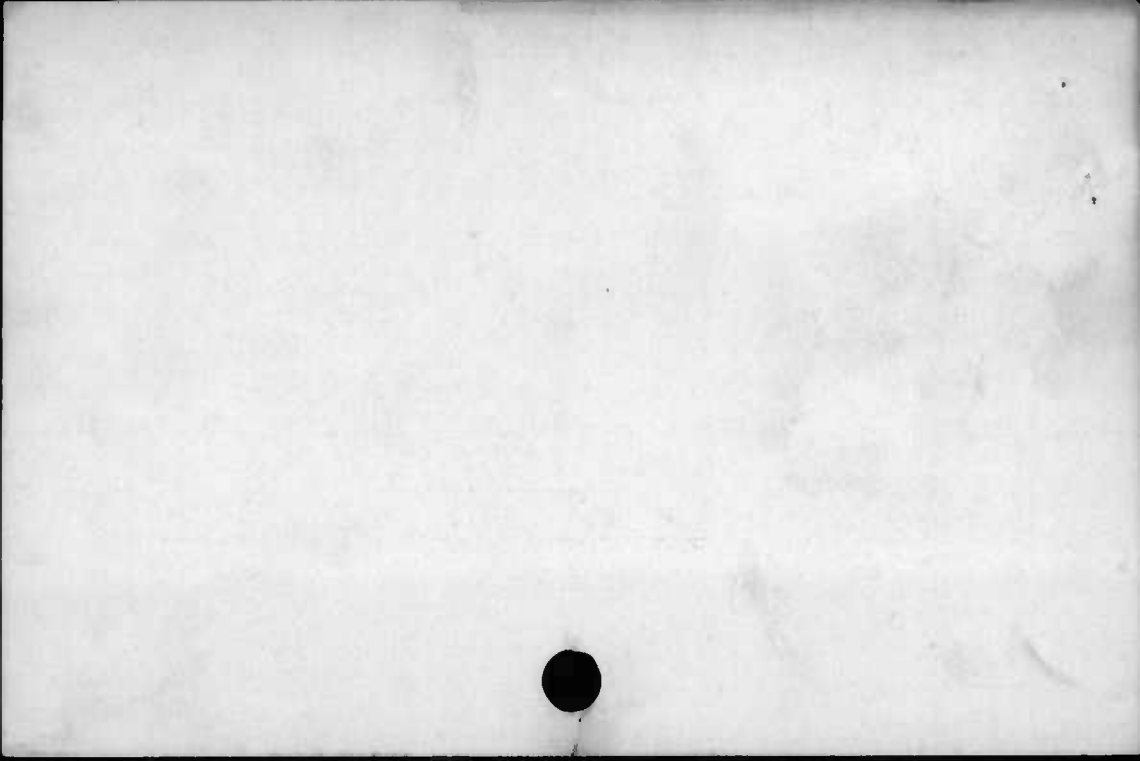
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Robert Maurice Benson		Town Baltimore (City Hospital)		County Balt		State MARYLAND	
Died at		Month Sept		Day 14		Years 11	
Date of death 1906		Month 9		Days 16			
Sex Male		Color or Race White		Birth-place Ind			
Occupation —		Where Residing if not at place of death Halethorpe Balt. Co. Md					
Married, Single or Widowed Single		Name of Wife or Husband Carville D. Benson		Father's Birthplace Ind			
Mother's Maiden Name Harriet C. Miller		Mother's Birthplace Ind					
Name of person giving information Wm R. Eareckson		How related to deceased Jointly M.D.					

CAUSES OF DEATH

Primary	Fractured Arm	How long	6 days
Immediate	Tetanus	How long	2 days
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Wm R. Eareckson	
		Address Elkridge. Ind	
Accident or Suicide? —			

PHYSICIAN
OR CORONER



Name
in
Full

Andrew Blank Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Laundowne ^{Town} Balt ^{County} MARYLAND

Date of death 1906 ^{Month} August ^{Day} 8 ^{Age} 6 ^{Years} 6 ^{Months} 8 ^{Days}

Sex male Color or Race white Birth-place Balt Co. Md

Occupation _____ Where Residing if not at place of death _____

~~Married~~, Single or Widowed Name of Wife or Husband _____

Father's Name Andrew Blank Father's Birthplace Balt. Md

Mother's Maiden Name Etha Young Mother's Birthplace Balt. Md

Name of person giving information Andrew Blank How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

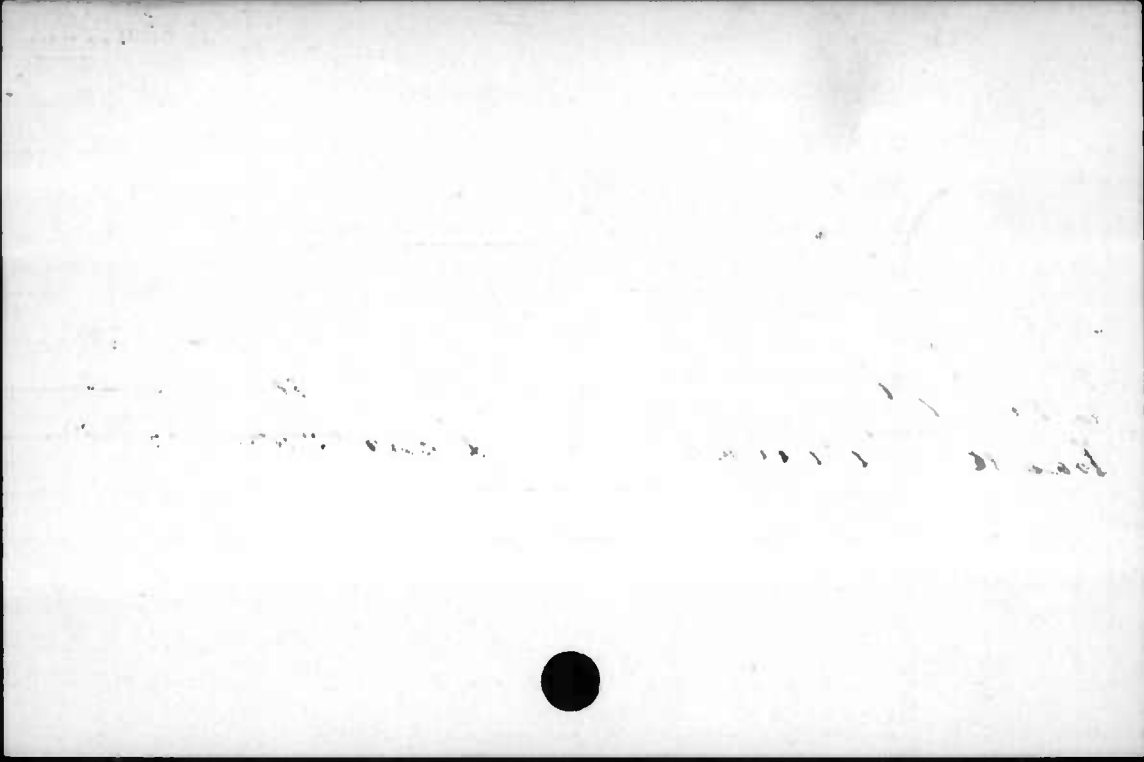
Primary Cerebral Fever (60) How long 5 day

Immediate Convulsions How long 4 hours

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Frank H. Ruhl

Address Laundowne. Md.

Accident or Suicide? _____



Name in Full		Frank Bosse				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Highlandtown		County Baltimore		MARYLAND
	Date of death		1906	Month Aug.	Day 10	Age 66	Years Months Days
	Sex		Male		Color or Race White		Birth-place Germany
	Occupation		Cooper		Where Residing if not at place of death		
	Married, Single or Widowed		Married		Name of Wife or Husband Mary Adams		
	Father's Name		don't know				Father's Birthplace Germany
	Mother's Maiden Name		don't know				Mother's Birthplace "
	Name of person giving information		Frank G. Bosse				How related to deceased Son
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Tabular disease of the heart				How long 7 days
	Immediate		Tabular disease of the heart				How long 7 days
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
			Address		111 E. Broadway		
	Accident or Suicide?		X				

Holy Redeemer Cemetery
Aug. 13, 1906.

Germanus France
Bank & Wolfe Sts.

Mrs Sophia Bowen

Town

County

Died at

Butter

Balt

MARYLAND

Date	1906	Month	8	Day	20	Y.	M.	D.	Age	83 yrs	Native of	Occupation	none
	Male		White		Married					Widow		Divorced	
	Female		Colored		Single					Widower		Number of children living	

Husband
ofFather's
Name

Shaul

Mother's
Name

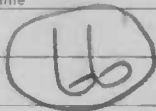
Cause of

Primary

Death

Immediate

Paralysis



How long sick

6 or 8 years

~~Accident, Suicide, Homicide~~

Reported by

Jas. H. Wilson

Address

Fowblesburg

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Interment Black.

Rock Cemetery

Tuesday Aug 21

W. C. Brooks

Name
in
Full

Louise Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Texas</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death	1906	Month	Aug	Day	30
Age		Years		Months	Days
Sex		Color or Race		Birthplace	
female		negro		Newmarket Md.	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		How related to deceased			
Jno W. Brown		Father			
Mary J. Richardson		Frederick E.			

CAUSES OF DEATH

Primary	Measles.	How long	2 weeks
Immediate	Bacterial Pneumonia	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. H. Boney M.D.	
		Address	
		Texas, Md.	
Accident or Suicide?			

PHYSICIAN
OR CORONER

To Be Brevet By
Enser & Price
at Foster's Chapel
Cockeysville
Md

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cross Keys</i>		Town <i>Balt Co.</i>		County		MARYLAND	
Date of death	1906	Month	8	Day	15	Years	52
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Pa</i>		Months	
Occupation <i>Laborer</i>		Where Residing If not at place of death				Days	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Boyer</i>					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <i>Mary Boyer</i>		How related to deceased <i>wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>dilatation of Heart</i>	How long	<i>4 mos</i>
Immediate	<i>Heart failure</i>	How long	<i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Chas Beutem</i>	
		Address <i>1201 Washington</i>	
Accident or Suicide?			

A S Manshall
3539 Falls Road
Lancaster. Century Bldg,
Aug 17/06

Name
in
Full

Thomas A. Boyle -

CERTIFICATE OF DEATH

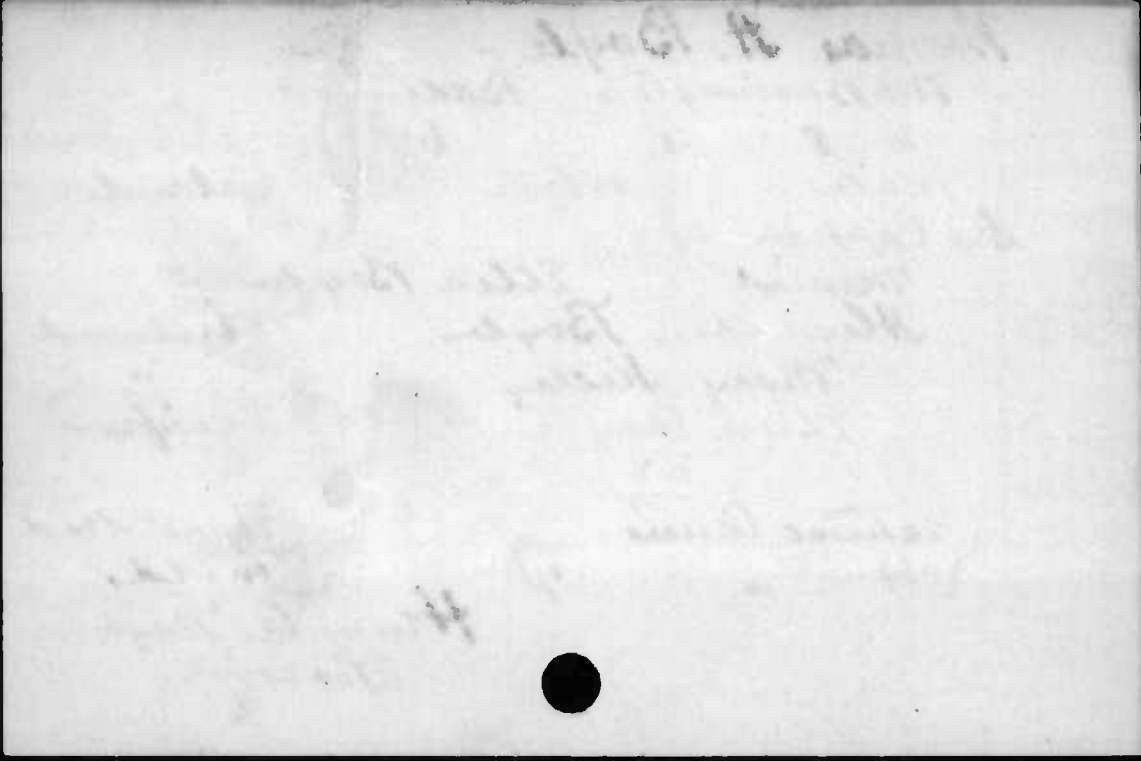
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Washington</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND			
Date of death	<i>1906</i>	Month <i>8</i>	Day <i>1</i>	Age <i>67</i>	Years <i>67</i>	Months <i>—</i>	Days <i>—</i>
Sex	<i>male</i>		Color or Race	<i>white</i>		Birth-place	<i>Ireland.</i>
Occupation	<i>Ssa Captain -</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>married</i>		Name of Wife or Husband	<i>Ellen Boyle</i>			
Father's Name	<i>Alexander Boyle</i>				Father's Birthplace	<i>Ireland</i>	
Mother's Maiden Name	<i>Mary Kelly</i>				Mother's Birthplace	<i>"</i>	
Name of person giving information	<i>Ellen Boyle</i>				How related to deceased	<i>wife -</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Natural Cause -</i>	<i>(64)</i>	How long	<i>Found dead</i>
Immediate	<i>apparently Apoplexy -</i>		How long	<i>in bed,</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Henry A. Naylor</i>	
		Address	<i>Finksville</i>	
			<i>Md.</i>	
Accident or Suicide?				



Name
in
Full
^{Lehigh}
 Mrs Mai Browner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Roland Park</u> <small>Town</small>		<u>Balto</u> <small>County</small>		MARYLAND	
Date of death	<u>1906</u> <small>Month</small>	<u>Aug 27</u> <small>Day</small>	<u>23</u> <small>Years</small>	<u>8</u> <small>Months</small>	<u>17</u> <small>Days</small>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Balto</u>
Occupation	<u>None</u>		Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Harry O. Browner</u>		
Father's Name	<u>George Brannan</u>			Father's Birthplace	<u>Balto</u>
Mother's Maiden Name	<u>Eleanor Allen</u>			Mother's Birthplace	<u>"</u>
Name of person giving information	<u>Harry O. Browner</u>			How related to deceased	<u>Husband</u>

CAUSES OF DEATH

 Primary Placenta Previa (136) How long —

 Immediate Pulmonary embolus How long —

 Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

J. Clagett Robertson
2129 E. Elletts St.

Accident or Suicide?

noPHYSICIAN
OR CORONER

Dr Massenberg Sub Registrar
please grant Stewart &
Mowen permit to inter
in Druid Ridge Cemetery
yours Respectfully
Stewart & Mowen

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full <i>G. Albert Brunning</i>		Town <i>Gardenville</i>		County <i>Bach</i>		CERTIFICATE OF DEATH	
Died at <i>Gardenville</i>		Date of death <i>1906 Aug 19</i>		Age <i>10</i>		Months <i>10</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Gardenville</i>		Days	
Occupation <i>none</i>		Where Residing if not at place of death <i>"</i>					
Married , Single or Widowed		Name of Wife or Husband					
Father's Name <i>Geo Brunning</i>		Father's Birthplace <i>Bach</i>					
Mother's Maiden Name <i>Angie Hartman</i>		Mother's Birthplace					
Name of person giving information <i>Geo Brunning</i>		How related to deceased <i>Father</i>					
CAUSES OF DEATH <i>105</i>							
Primary <i>Chloral Hypos</i>		How long <i>7</i>					
Immediate <i>Exhaustion</i>		How long					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. D. Price</i>					
		Address					
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

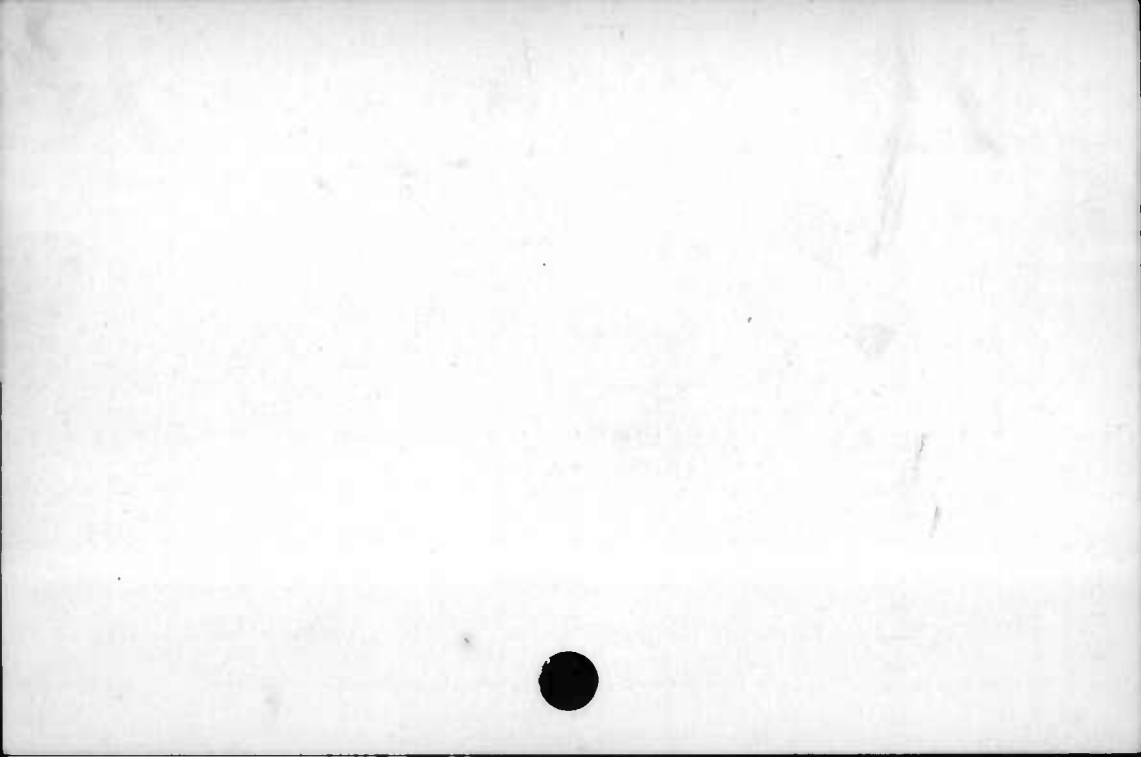
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Northampton Valley		Baltimore					
Date of death 190	6	Month	Aug	Day	18	Age	Years
						Months	
						Days	
						22	
Sex	Male		Color or Race	white		Birth-place	Northampton Valley
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Robert William Brown				Md			
Mother's Maiden Name				Mother's Birthplace			
Fannie Lumbough				Md			
Name of person giving information				How related to deceased			
Rebecca Lumbough				Grand mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Morassans	How long	105
Immediate	Cholera Infantum	How long	1 week
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Thompson
		Address	Hydus Ma
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Martha W. Brown

Died at <i>Highlandtown</i> ^{town}		<i>Baeto</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>Aug</i>	Day <i>2</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i> Days <i>6</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ma</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John B. Brown</i>			Father's Birthplace <i>Ma</i>		
Mother's Maiden Name <i>Martha Brown</i>			Mother's Birthplace <i>Ma</i>		
Name of person giving information <i>Jas. B. Brown</i>			How related to deceased <i>son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cyanosis - Affective heart</i>	How long <i>Since birth</i>
Immediate <i>Convulsions - asphyxia</i>	How long <i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. L. Mettler</i>
<i>Yes</i>	Address <i>6 N. Broad Baeto</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Mary Mauche Burns

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>W Washington</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month <i>Aug</i>	Day <i>20</i>	Years <i>1</i>	Months <i>8</i> Days <i>11</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birthplace <i>W Washington</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Ernest T Burns</i>		Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>Nellie Belle Herriman</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>Mrs E. T. Burns</i>		How related to deceased <i>mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dysentery</i>	How long <i>7 days</i>
Immediate <i>Cerebro-spinal Meningitis</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>William J Todd</i>
	Address <i>W Washington Md</i>
Accident or Suicide?	

John Burris Sons
Lowson

Burial at
Druid Ridge
cemetery

Name

is
Full

CERTIFICATE OF DEATH

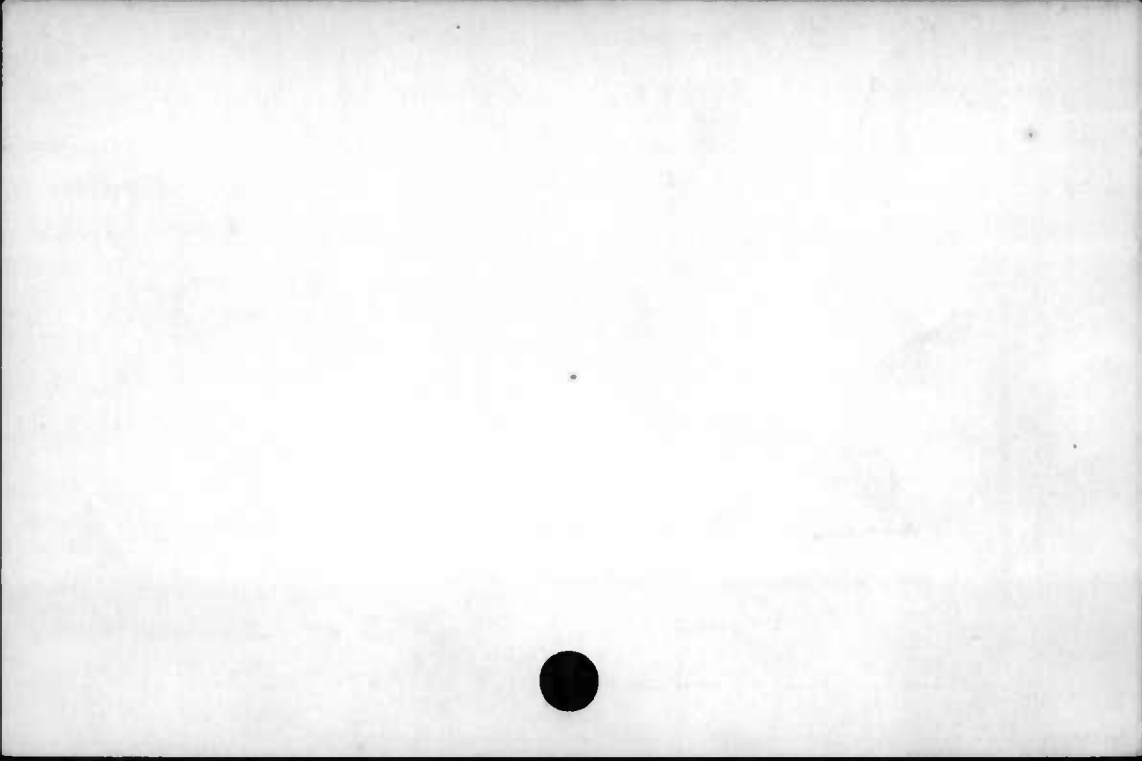
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Herford</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 1906	Month <i>August</i>	Day <i>4</i>	Age	Years <i>60</i>	Months <i>7</i>	Days <i>23</i>	
Sex <i>male</i>	Color or Race <i>white</i>		Birth- place <i>York, Penn.</i>				
Married, Single or Widowed <i>married</i>			Occupation <i>laborer</i>				
Name of Wife or Husband <i>Martha Burroughs</i>							
Father's Name <i>James Burroughs</i>				Father's Birthplace <i>Ill.</i>			
Mother's Maiden Name <i>Sarah Murray</i>				Mother's Birthplace <i>Butter Mde</i>			
Name of person giving In formation <i>Martha Burroughs</i>				How related to deceased <i>Wife,</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>asthma</i>	How long <i>14 years</i>
Immediate <i>Pulmonary Congestion Heart Failure</i>	How long <i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. R. Mitchell</i>
	Address <i>Mount Airy Md.</i>
Accident or Suicide?	



Name
in
Full

John W. Burton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Greenwood ^{County} Baltimore **MARYLAND**

Date of death 1906 Aug. ^{Month} 8 ^{Day} 8 ^{Years} 5 ^{Months} 3 ^{Days} —

Sex Male Color or Race White Birth-place Maryland

Occupation Farmer Where Residing if not at place of death —

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

John Burton

Father's
Birthplace

Maryland

Mother's
Maiden Name

Watkins

Mother's
Birthplace

"

Name of person giving
Information

Eugene Burton

How related
to deceased

Son

CAUSES OF DEATH

Primary

Cholera Morbus

How long

4 days

Immediate

Inflammation of Stomach

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?

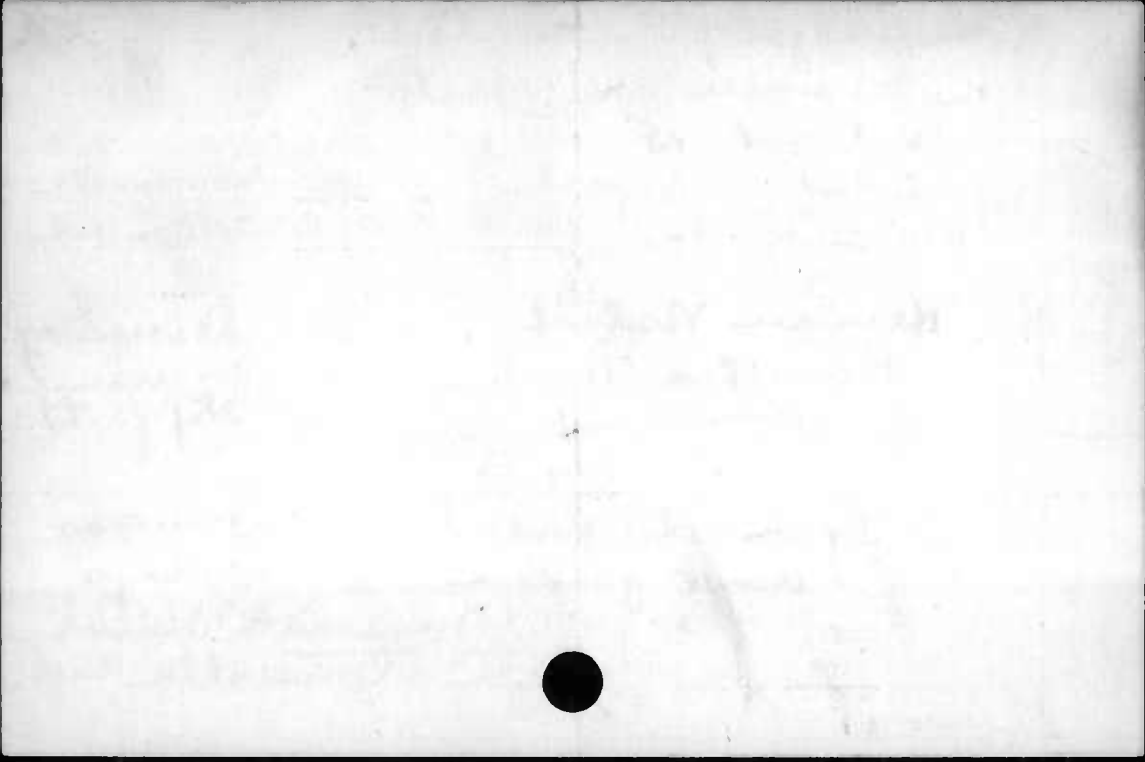
—

Signature of
Physician

Address

Jno. A. Green
Sittings

Accident — Suicide —



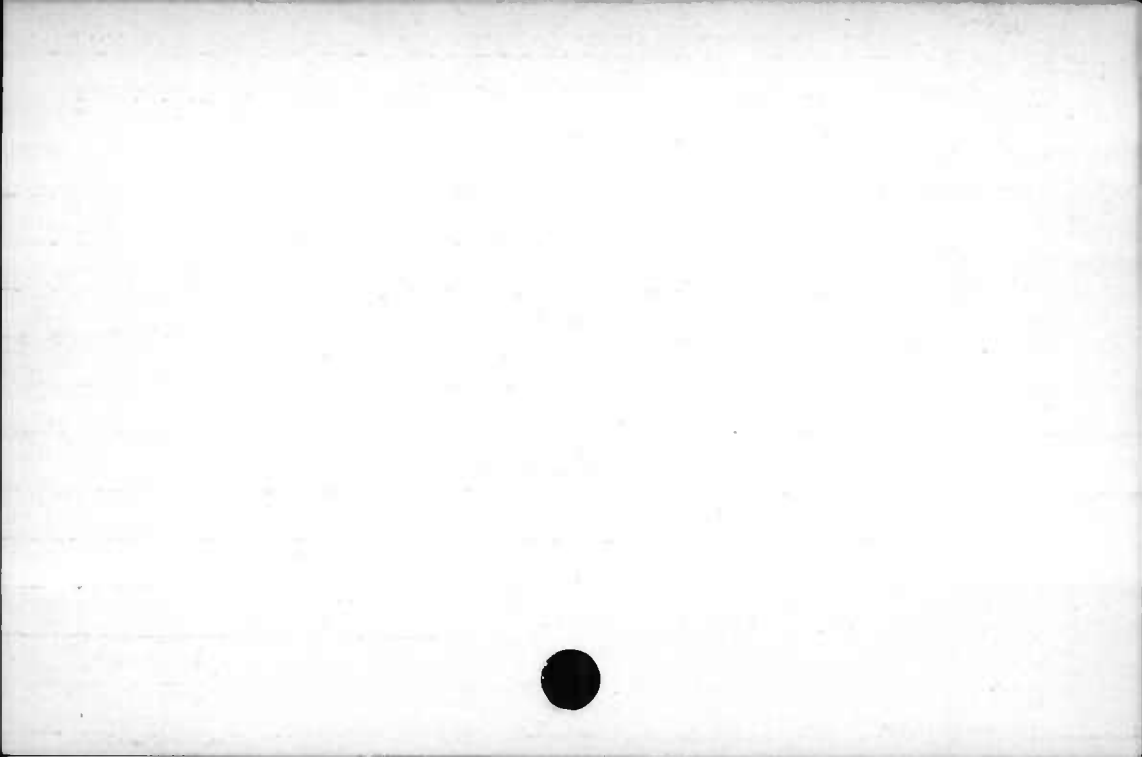
Name in Full Katherine Josephine Butsch.

CERTIFICATE OF DEATH

Died at ^{Town} Catonsville		^{County} Balto		MARYLAND	
Date of death 1906	Month August	Day 13	Age 18	Months	Days
Sex female	Color or Race white		Birth place Catonsville		
Occupation House work.	Where Residing if not at place of death		Catonsville Md		
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name Herman Butsch.	Father's Birthplace Germany				
Mother's Maiden Name Dorothea Koch	Mother's Birthplace Germany				
Name of person giving information Wm Weber.	How related to deceased		Step father		

CAUSES OF DEATH

Primary	Typhoid fever	How long	3 weeks
Immediate	Heart failure	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Marshall B. West.
		Address	Catonsville Md
Accident or Suicide?			



Name
in
Full

Elizabeth R. Cackay

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Cockeysville* ^{Town}*Balti* ^{County}

MARYLAND

Date of death *1906 Aug* ^{Month}Day *15*Age *82* ^{Years}Months *I*Days *5*Sex *Female*Color or Race *White American*Birthplace *Balti, Md*Occupation *Housewife*

Where Residing if not at place of death

Married, ~~Single~~ *Widow*Name of ~~Wife or~~ *Peter Cackay*
HusbandFather's Name *Joshua Whitburn*Father's Birthplace *Maryland*Mother's Maiden Name *Belinda Talbot*Mother's Birthplace *Balti, Md*Name of person giving information *My Sister Cackay*How related to deceased *Sister*

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *valvular disease of heart*How long *5 years*Immediate *Pulmonary congestion*How long *one day*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Dr. B. R. Bryson*Address *Cockeysville, Md*Accident or Suicide? *No*

Sherwood P E Church
Yard

Cockeysville

Henry W. Mearns & Sons

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Duggald Campbell				Town		County		MARYLAND	
Died at		Govanston		Baltimore							
Date of death		1906		Aug		30		Age		51.	
Sex		male		Color or Race		white		Birth- place		Md	
Occupation		Painter		Where Residing If not at place of death		9 Selmon Lane					
Married, Single or Widowed		Married		Name of Wife or Husband		Elsie Campbell					
Father's Name		—		Father's Birthplace		—					
Mother's Maiden Name		—		Mother's Birthplace		—					
Name of person giving In formation		Tom Cook		How related to deceased		undutaker					

CAUSES OF DEATH

Primary

Apoplexy

64

How long

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Michael P. Kehoe, Jr.
Coroner
Govanston

Accident or, Suicide?

Accident

PHYSICIAN
OR CORONER

Burial of
~~Presbyterian~~
Baltimore Md.
Lower Cost
Presbyterian Cem.
Govanstown Md.

Name
in
Full

Walter Ellwood Canales

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Eova</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>Aug</i>	Day <i>22</i>	Age	Years	Months <i>3</i>	Days <i>1</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Eova. Md.</i>				
Married, Single or Widowed <i>Single</i>		Occupation _____					
Name of Wife or Husband							
Father's Name <i>Frederick H. Canales</i>				Father's Birthplace <i>Wexford Md.</i>			
Mother's Maiden Name <i>A. May Lloyd.</i>				Mother's Birthplace <i>Butler Md.</i>			
Name of person giving In formation <i>Frederick H. Canales.</i>				How related to deceased <i>Father.</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long <i>one week</i>
Immediate	<i>Meningitis</i>	How long <i>Two days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>A. R. Mitchell</i>
		Address <i>Mountain, Md.</i>
Accident or Suicide?		



Name in Full		Teelum Bherchuck				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Lansdowne		County Baltimore		MARYLAND	
	Date of death 190	6	Month 8	Day 21	Age 38	Years 38	Months Days
	Sex	Male		Color or Race	White		Birth-place
	Married, Single or Widowed	Married		Occupation Laborer			
	Name of Wife or Husband						
	Father's Name				Father's Birthplace		
	Mother's Maiden Name				Mother's Birthplace		
Name of person giving information		Charles Clark				How related to deceased None	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Struck by Railroad train				How long Immediate	
	Immediate	Fractured skull				How long " "	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician August W. Miller Coroner		
					Address Mr Williams		
	Accident or Suicide?		accident		Baltimore Md		



Name

in
Full

Lynch Helen Chesolm

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sudbrook</u> ^{Town}		<u>Balt.</u> ^{County}		MARYLAND	
Date of death <u>1906</u>		Month <u>8</u>	Day <u>30</u>	Age <u>79</u>	Months <u>—</u> Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Charleston S.C.</u>		
Occupation <u>Housewife</u>		Where Residing If not at place of death <u>Sudbrook</u>			
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Robt P. Chesolm</u>				
Father's Name <u>John Bachman</u>			Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>—</u>			Mother's Birthplace <u>—</u>		
Name of person giving information <u>B. D. Fred Webb</u>			How related to deceased <u>Son in Law</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Softening of the Brain</u>	How long <u>Six years.</u>
Immediate <u>Softening of the Brain</u>	How long <u>In bed ten days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Dr. Wilbur P. Morgan</u>
	Address <u>315 W Monument St</u>
	<u>Baltimore Md.</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Regiah G. Cooper

CERTIFICATE OF DEATH

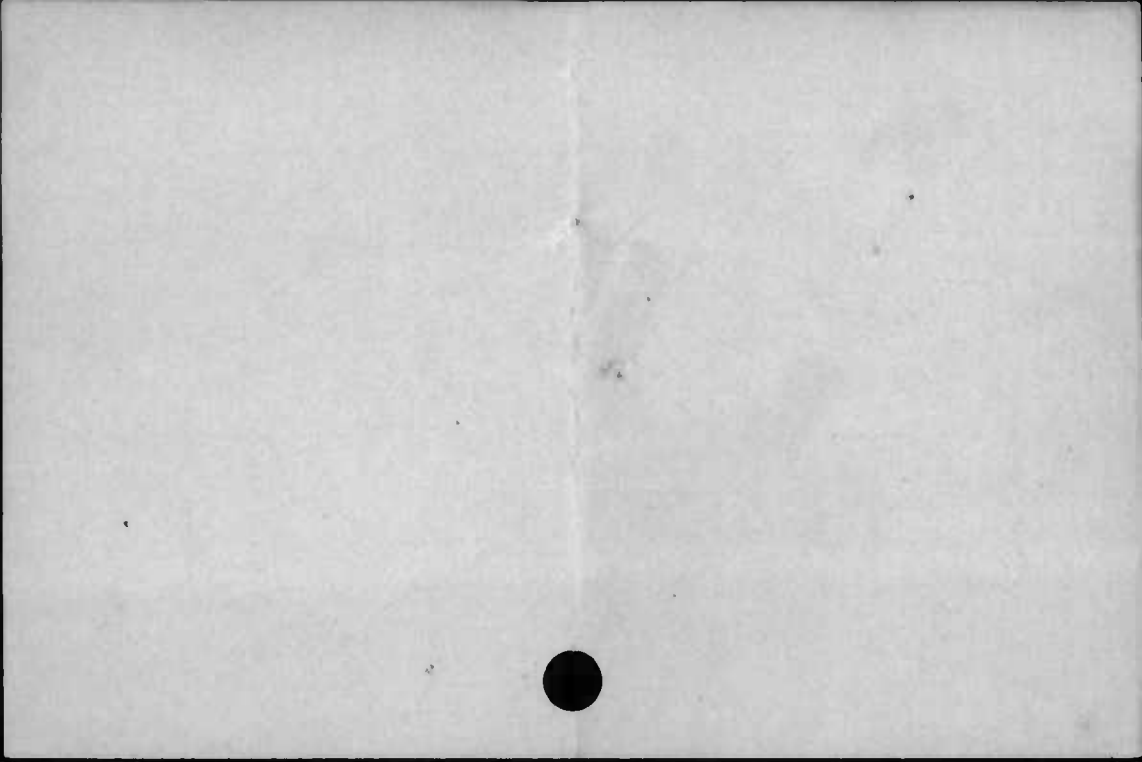
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Boring</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death	1906	Month	Aug -	Day	20
Age		63		Months	4
Sex		Female		Color or Race	White
Occupation		Housewife		Birth-place	Beekleysville Md
Where Residing if not at place of death		Boring Md			
Married, Single or Widowed		Single			
Name of Wife Husband		William S Cooper			
Father's Name		Daniel B. Wilhelm		Father's Birthplace	Middletown Md
Mother's Maiden Name		Rachel Green		Mother's Birthplace	Forrestown Md
Name of person giving information		Wm S. Cooper		How related to deceased	Husband -

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Cholera morbus</u>	How long	<u>24 hours</u>
Immediate	<u>Exhaustion</u>	How long	<u>36 hours</u>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<u>J. K. Drach Md</u>	
Address		<u>1 Butler Mt.</u>	
Accident or Suicide?			



Name
in
Full

Antoinette C. Cox

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u> Town		<u>Balto.</u> County		MARYLAND	
Date of death	<u>1906</u>	Month	<u>Aug.</u>	Day	<u>4</u>
Age		<u>Years</u>		Months	<u>8</u>
Sex <u>Female</u>		Color or Race <u>White</u>		Birthplace	<u>Md.</u>
Occupation <u></u>		Where Residing if not at place of death <u>1024 Bouldin St</u>			
Married, Single or <u>Widowed</u>		Name of Wife or Husband <u></u>			
Father's Name <u>J. Edward Cox</u>		Father's Birthplace <u>Md.</u>			
Mother's Maiden Name <u>Mary C. Petzel</u>		Mother's Birthplace <u>"</u>			
Name of person giving information <u>Mary C. Petzel</u>		How related to deceased <u>Mother</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Gutro - Colitis</u>	How long	<u>3 weeks</u>
Immediate	<u>Exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>C. M. Athey M.D. P. M. J. McCarty</u>	
		Address <u>839 S. Canton St.</u>	
Accident or Suicide?			

Gibler + Gibler

1739 E. Eager St.

Name
in
Full

Elsa Julia Crawford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Calverton		^{County} Baltimore		MARYLAND	
Date of death	1906	Month	aug	Day	29
Age		Years	1	Months	2
Sex	Female	Color or Race	Colored	Birth-place	Howard County
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Not known		
Mother's Maiden Name			Rosa Crawford		
Name of person giving information			Rosa Crawford Sr		
Father's Birthplace			Not known		
Mother's Birthplace			Howard County		
How related to deceased			Grand Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Ileocolitis	How long	6 mos
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Dr. C. L. Hallfeldt	
Address		Health Officer Calverton, Md	
Accident or Suicide?		—	



Name
in
Full

CERTIFICATE OF DEATH

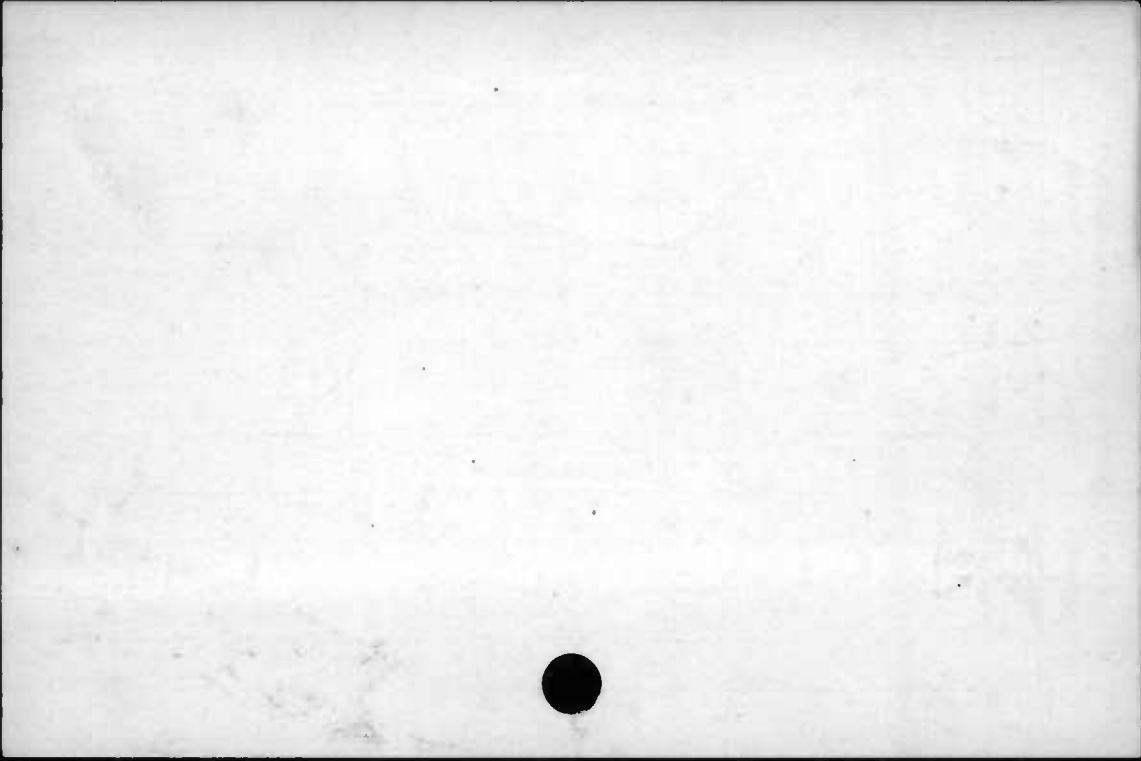
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Stemmer Run</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Date of death <i>1906</i>	Month <i>Aug</i>	Day <i>24</i>	Friday	Age <i>38</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Washington</i>				
Occupation <i>Fireman</i>			Where Residing if not at place of death <i>Washington</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Cerebral Accident</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Man killed</i>	Signature of Physician <i>John Gettman, M.D.</i>
<i>by train No. 85 New York Express train</i>	Address <i>Baltimore, Md.</i>
Accident or Suicide? <i>of The P. B. & W. Railroad Co</i>	<i>(M.L.P.)</i>



Name
in
Full

Katherine Cummins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u> Town		County <u>Balto.</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Aug</u>	Day <u>14</u>	Age <u>48</u>	Years <u>?</u>	Months <u>?</u> Days <u>?</u>
Sex <u>female</u>	Color of Face <u>white</u>		Birth-place <u>Balto Md.</u>		
Occupation <u>housewife</u>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <u>William Cummins</u>			
Father's Name <u>Ned Harvey</u>		Father's Birthplace <u></u>			
Mother's Maiden Name <u></u>		Mother's Birthplace <u></u>			
Name of person giving information <u>Edward Cummins</u>		(175)		How related to deceased <u>son</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>probably acetanilid poisoning (overdose of headache powders)</u>	How long <u>2 4 hrs.</u>
Immediate <u>cardiac & respiratory depression & syncope</u>	How long <u>6 - 8 hours.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>W. H. B. B. B.</u>
	Address <u>S. E. Co. Canton & Dillon Sts. Balto Md.</u>
Accident or Suicide? <u></u>	


Western Cemetery

Aug. 16-1906.

Girkler + Girkler

1739 E. Eager St.

//

Name in Full		John M Davis				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Stilwell Road 160	County Balto		MARYLAND	
	Date of death	1906	Month 8	Day 20	Age 20	Months 3	Days —
	Sex	Male		Color or Race	Colored		
	Occupation	Laborer		Where Residing if not at place of death	at home		
	Married, Single or Widowed	Single		Name of Wife or Husband	X		
	Father's Name	Milford J. Davis				Father's Birthplace	Md
	Mother's Maiden Name	Leah				Mother's Birthplace	—
	Name of person giving In formation	Step mother				How related to deceased	Step mother
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	Tuberculosis suppur				How long	9 months
	Immediate	Sudden death				How long	Suddenly
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	Yes				Address		
	Accident or Suicide?				<div style="text-align: center;">  </div>		

R. L. Maunburg M.D.

Thos J Hunter J.P.
+ acting coronor.

Laurel Heights
Belair Road

Robert Elliott
undersatur

Name in Full *Josephine M. Dean*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

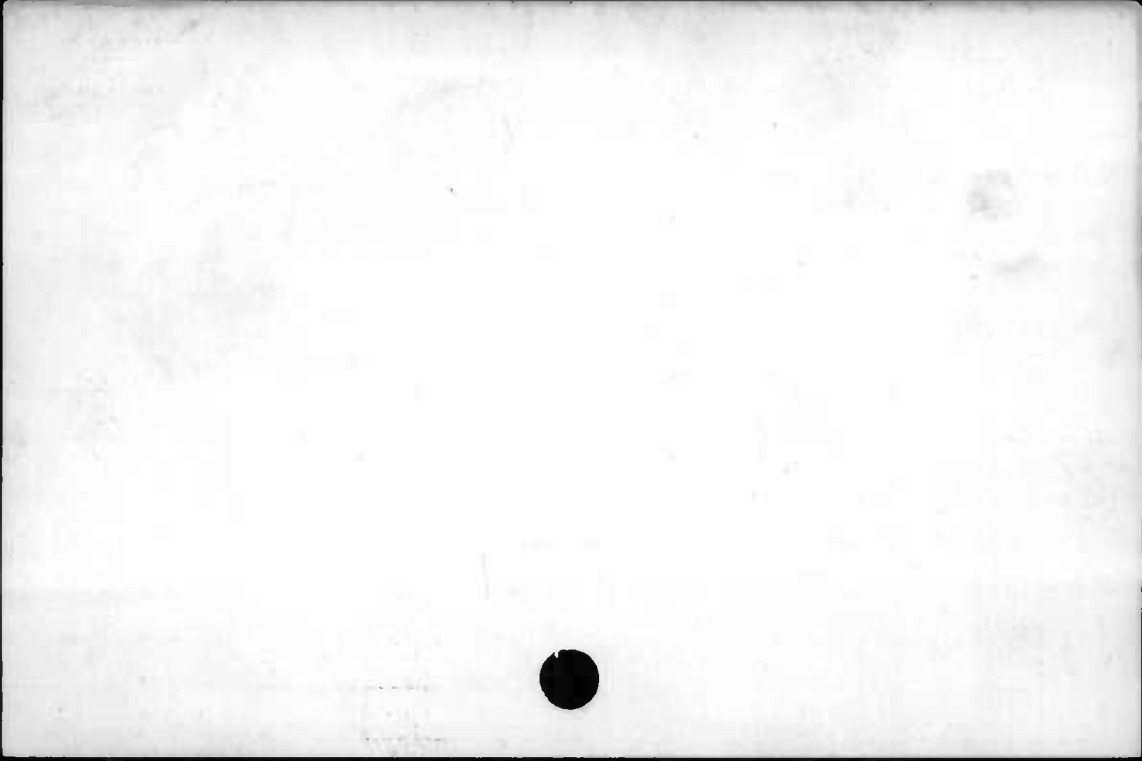
Died at <i>Balto</i> ^{Town} <i>County</i> ^{County}		County		MARYLAND	
Date of death <i>1906</i> ^{Month} <i>Aug.</i> ^{Day} <i>21st</i> ^{Years} <i>47</i>	Age <i>47</i>		Months		Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information <i>Bay View Asylum</i>	How related to deceased				

(64)

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage, fatty heart</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>David A. Thompson</i>
	Address <i>1500 Highland Ave</i>
Accident or Suicide? <i>Accident</i>	<i>Baltimore County Md</i>



Name in Full		John R. Diamond				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Orangeville		County Balto.		MARYLAND	
	Date of death	1906	Month 8	29	Age Years 1	Months --	Days --
	Sex	Male		Color or Race	White		
	Occupation	none		Where Residing if not at place of death	#406 Phila. Road		
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	James A. Diamond				Father's Birthplace	Balto.
	Mother's Maiden Name	Estella E. Kraft				Mother's Birthplace	Balto.
Name of person giving In formation	James A. Diamond				How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Acute Meningitis				How long	
	Immediate	Exhaustion				How long	
	Are the name, age, sex, color, date and place correctly given above?					Signature of Physician	J. L. Hughes
	Accident or Suicide?					Address	1440 Highland Ave Highlandtown

Mt. Carmel Cemetery

J. Herwig & Son

#2008 Orleans St.

8/30/06

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town}		<i>Balto.</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month <i>Aug.</i>	Day <i>28</i>	Age <i>—</i>	Years <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balto.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John Rudick</i>		Father's Birthplace <i>Germany.</i>			
Mother's Maiden Name <i>Mary Weirich</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>John Rudick</i>		<i>(151)</i>		How related to deceased <i>Father.</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature birth (7 1/2)</i>	How long
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Clayton Robertson</i>
	Address <i>2129 E. Balto St.</i>
Accident or Suicide? <i>—</i>	

Mr. Robinson.

Name
in
Full

Catharine East

CERTIFICATE OF DEATH

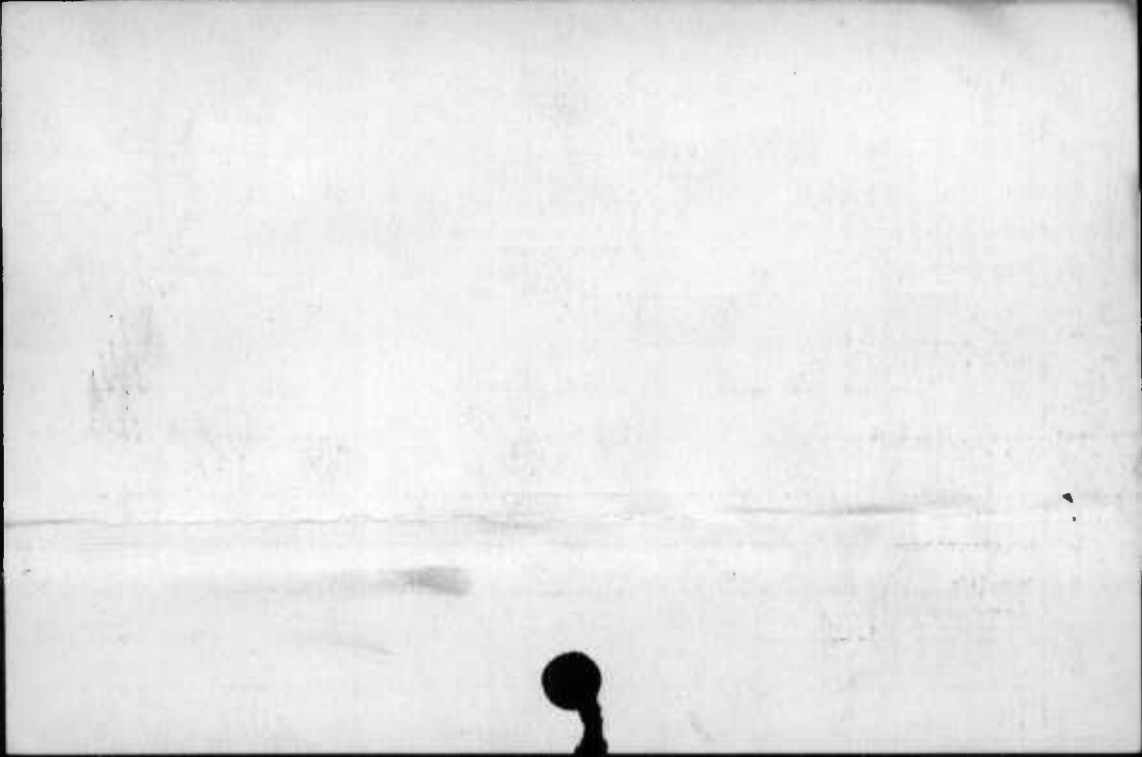
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Westford</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	<u>8</u> ^{Month}	<u>22</u> ^{Day}	<u>5-5-</u> ^{Years}	<u> </u> ^{Months}	<u> </u> ^{Days}
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Baltimore</u>		
Occupation <u>House wife</u>	Where Residing if not at place of death <u>Home</u>				
Married Single or Widowed	Name of Wife or Husband <u>John East</u>				
Father's Name <u>John Gale</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Elizabeth</u>	Mother's Birthplace <u>Germany</u>				
Name of person giving information <u>Barbara Klein</u>	(108)		How related to deceased <u>daughter</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>obstruction of bowels</u>	How long <u>18 hours</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>W B Hall</u>
	Address <u>Int Wilson</u>
Accident or Suicide?	



Name
in
Full

Frederick, F. Feck.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Avondale</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1906 August</i> ^{Month}	<i>5</i> ^{Day}	Age <i>26</i> ^{Years}	Months	Days
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Baltimore</i>
Occupation	<i>Barber</i>		Where Residing if not at place of death <i>1026 W. Fayette St</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband _____		
Father's Name	<i>Feck</i>			Father's Birthplace	
Mother's Maiden Name	<i>Feck.</i>			Mother's Birthplace	
Name of person giving information	<i>John Grob of C.</i>			How related to deceased <i>Friend</i>	

CAUSES OF DEATH

Primary	<i>Drowning</i>	How long	_____
Immediate	<i>yes.</i>	How long	_____

Are the name, age, sex, color, date and place correctly given above? *yes.*

Signature of Physician

Address

P.A. Summigan
203 Todd St
Coroner

Accident or Suicide?

Accident

Schwarz Corn.

Name
In
Full

Anthony S. Tellwack

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Walls</u> ^{Town}		<u>Balto.</u> ^{County}		MARYLAND	
Date of death <u>1906 Aug.</u>		Month <u>Aug.</u>	Day <u>17th</u>	Age <u>33</u> ^{Years}	Months <u>—</u> Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Balto Md.</u>			
Occupation <u>Copper</u>	Where Residing if not at place of death <u>Unknown</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Frederick Tellwack</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Wilhelmina Litten</u>	Mother's Birthplace <u>" "</u>				
Name of person giving information <u>Mary Reinhardt</u>	How related to deceased <u>Sister</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Apoplexy64

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

David A. Thompson

Accident or Suicide?

St Alphonsus Lem.

Aug 20th 1906

Germanus France

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton</i>		Town <i>Balto</i>		County		MARYLAND	
Date of death <i>1906 Aug</i>	Month	Day <i>4</i>	Age <i>75</i>	Years	Months <i>5</i>	Days <i>29</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>			Name of Wife or Husband <i>Eleanor Ferrell</i>				
Father's Name <i>Unknown</i>			Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>"</i>				
Name of person giving information <i>Albert Ferrell</i>			How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Neuritis (Carcinoma)</i>	How long <i>Six Months</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. F. Reckard</i>
	Address <i>910 S. Canton St. Baltimore Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Infant of Bernard & Cunigunda Fischer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	<u>1906</u>	Month <u>Aug.</u>	Day <u>1st</u>	Age <u>Still birth</u>	Years <u>Months</u> <u>Days</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Md.</u>		
Occupation <u>None</u>			Where Residing if not at place of death <u>_____</u>		
Married, Single or Widowed <u>_____</u>			Name of Wife or Husband <u>_____</u>		
Father's Name <u>Bernard Fischer</u>			Father's Birthplace <u>Md.</u>		
Mother's Maiden Name <u>Cunigunda Gelhasdt</u>			Mother's Birthplace <u>Md.</u>		
Name of person giving information <u>Bernard Fischer</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Still birth</u>	How long
Immediate	<u>unknown</u>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address <u>Mary Gwening</u>
		<u>504 Third St</u> <u>Md.</u>
Accident or Suicide?		

Sacred Heart Cemetery

August 2nd 1906

Germanus Thayer

Ender later

Name
in
Full

Emanuel Fisher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hoponawille</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death 190	<u>6</u>	Month	<u>8</u>	Day	<u>1</u>
Age		<u>74</u>	Years	Months	<u>6</u>
Sex		<u>Male</u>	Color or Race	<u>White</u>	Birth-place
Married, Single or Widowed			Occupation		
			<u>Laborer</u>		
Name of Wife or Husband					
<u>Susan Fisher</u>					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		
<u>Barbara Trisal</u>			<u>Daughter</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Acute Indigestion</u>	How long	<u>8 days</u>
Immediate	<u>Heart Failure</u>	How long	<u>24 hrs</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>Dr. D. W. Rush</u>	
		Address	
		<u>Baltimoreville</u>	
Accident or Suicide?		<u>no</u>	

Aug 1906

Name
in
Full

CERTIFICATE OF DEATH

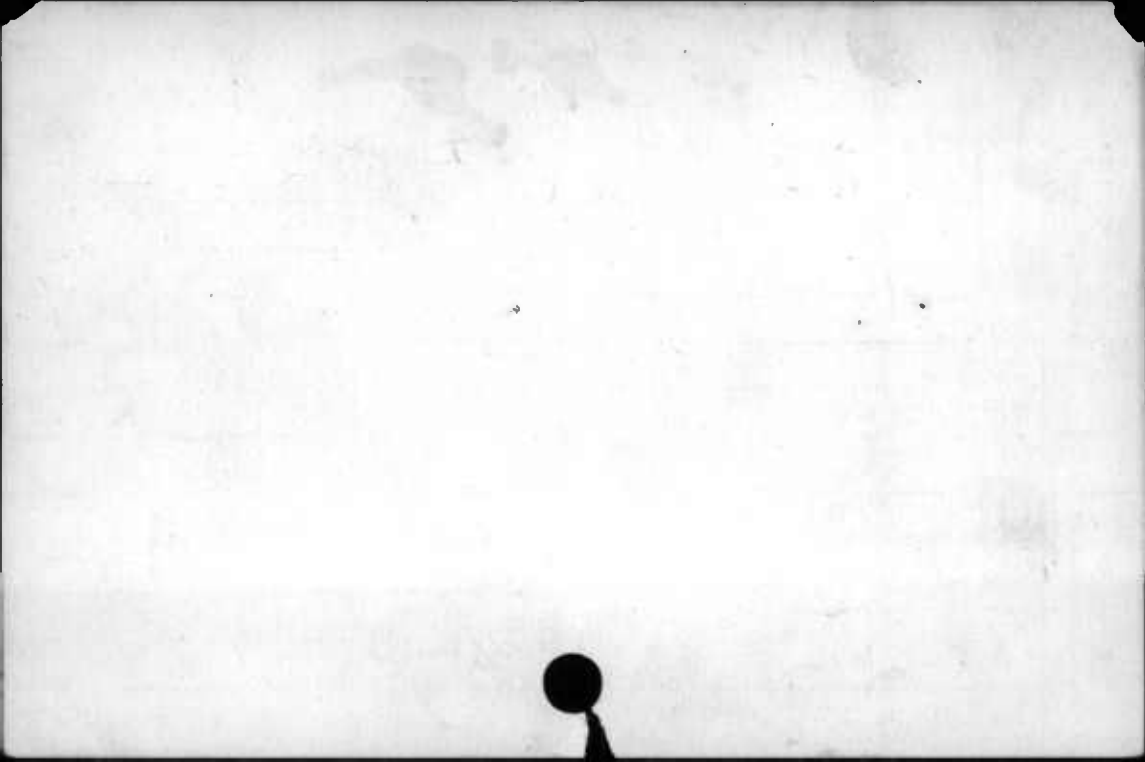
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Trenton</i> ^{Town}		<i>Baldwin</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month <i>Aug</i>	Day <i>10</i>	Age <i>44</i> ^{Years}	Months <i>8</i> Days <i>15</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Princeton, N.J.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving Information <i>—</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Arthritis</i>	<i>(54)</i>	How long <i>9 yrs</i>
Immediate <i>Anemia</i>		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Jack Wilson</i>
		Address <i>Trenton, N.J.</i>
Accident or Suicide? <i>—</i>		<i>Wif</i>



Name
in
Full

Andrew Fleckenstein

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Avondale</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1906</i> ^{Year}		<i>August</i> ^{Month}	<i>7</i> ^{Day}	<i>10</i> ^{Age}	<i>0</i> ^{Months}
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place			
Occupation		Where Residing if not at place of death <i>518 N. Castle St</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>N. H. Brownwell</i>			How related to deceased <i>Friend</i>		

CAUSES OF DEATH

Primary <i>Drowning</i>	<i>172</i>	How long <i>immediately</i>
Immediate <i>yes.</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>P. A. Dunningan</i>	
	Address <i>203 Towne St</i>	
Accident or Suicide? <i>Accident</i>	<i>Coroner</i>	

PHYSICIAN
OR CORONER



Name
in
Full

Annie Fleishman

CERTIFICATE OF DEATH

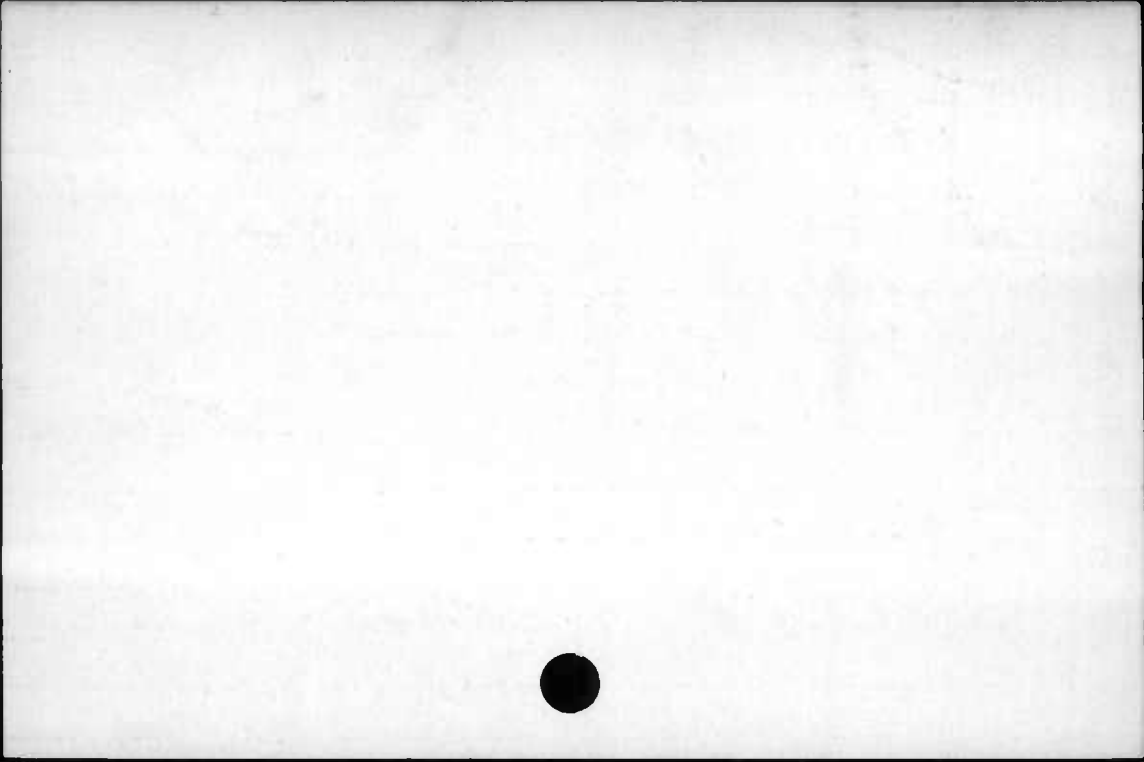
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lansdowne</u>		County <u>Balt</u>		MARYLAND	
Date of death	1906	Month	Aug	Day	12
Age		Years	Months		4
Sex	female	Color or Race	white		Birth-place
Occupation		Where Residing if not at place of death		Balt Co. Ind	
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Frank Fleishman		Father's Birthplace	
Mother's Maiden Name		Lottie Fleishman		Mother's Birthplace	
Name of person giving information		Mrs. Snook		How related to deceased	
		Lister			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Infection	How long	179
Immediate	Exhaustion	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Frank H. Rube	
Accident or Suicide?		Address	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Genge Edward Foard		County		Baltimore		MAYLAND	
Died at		Town		County		MAYLAND	
Date		Month		Day		Years	
of death		1906		8		17	
Sex		male		Color or Race		colored	
Occupation		Steward		Where Residing if not at place of death		Govanston Md	
Married, Single or Widowed		Widowed		Name of Wife or Husband		—	
Father's Name		John E. Foard		Father's Birthplace		Md	
Mother's Maiden Name		Mary E. Foard		Mother's Birthplace		Md	
Name of person giving information		Mrs J. Foard		How related to deceased		Brother	

CAUSES OF DEATH

49

PHYSICIAN
OR CORONER

Primary	Mitral Abstruction	How long	One year
Immediate	Rupture of Compensatory Hypertrophy	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. H. Harker	
Address		1202 Druid Hill Ave	
Accident or Suicide?			

Felix B. Oye

St. Peter's Cemetery
city

Name
in
Full

CERTIFICATE OF DEATH

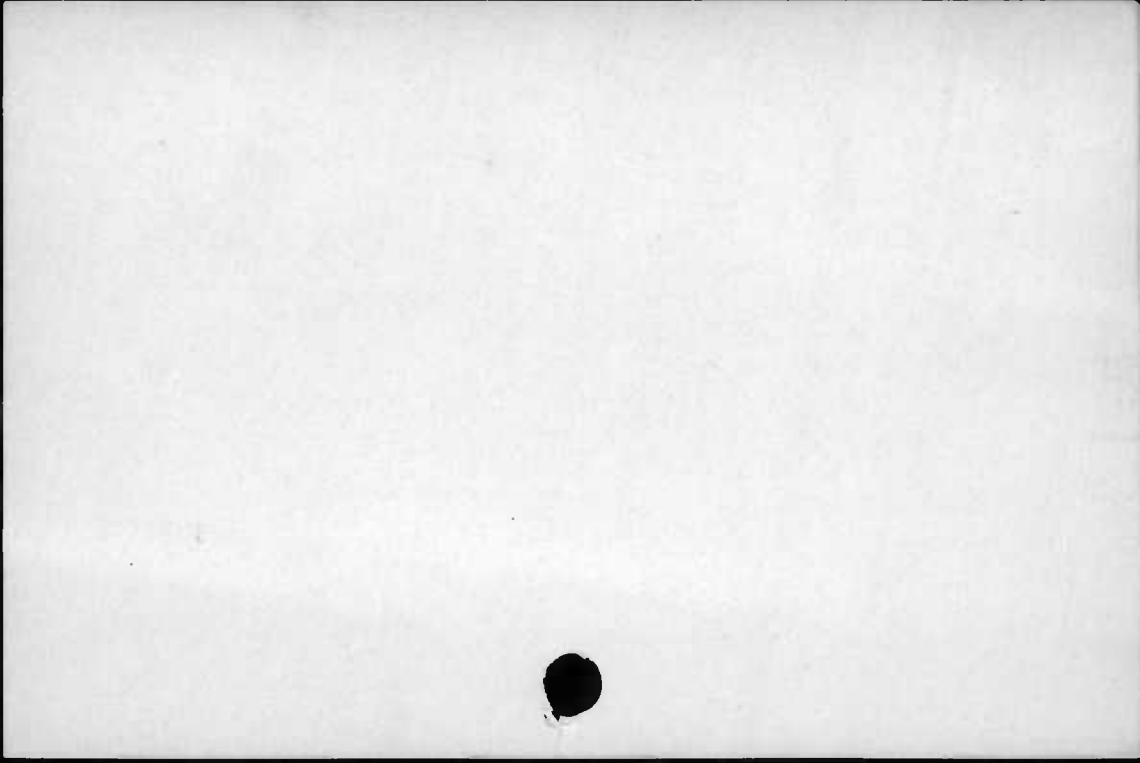
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John F.oller</i>		Town <i>Mt Hope Retmah</i>		County <i>Baltimore Co</i>		MARYLAND	
Died at <i>Mt Hope Retmah</i>		Month <i>Aug</i>		Days <i>13th</i>		Age <i>59</i>	
Date of death <i>1906</i>		Months <i>unknown</i>		Years <i>unknown</i>		Days <i>unknown</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Dist. Columbia</i>			
Occupation <i>Inst. Maker</i>				Where Residing if not at place of death <i>Baltimore</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____					
Father's Name <i>unknown</i>				Father's Birthplace <i>unknown</i>			
Mother's Maiden Name <i>"</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>Records Mt Hope Retmah</i>				How related to deceased <i>not at all</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Melancholia Chronic</i>	How long <i>over 12 yrs -</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank J. Flannery M.D.</i>
	Address <i>Mt Hope Retmah, Baltimore, Md.</i>
Accident or Suicide? _____	



Name
in
Full

William H Foster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Int Wilson</i> ^{County} <i>Baltimore</i>		MARYLAND	
Date of death	1906	Month	Aug
	24	Day	
Age	76	Years	
Sex	Male	Color or Race	Colored
Birth-place	Baltimore Md		
Occupation	Day Laborer		Where Residing if not at place of death
Married, Single or Widowed	Married	Name of Wife or Husband	Lizza Foster
Father's Name	Elishia Foster		Father's Birthplace
Mother's Maiden Name	Martha Foster		Mother's Birthplace
Name of person giving information	Lizza Foster		How related to deceased
wife			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>6 days</i>
Immediate	<i>Uremia</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>J. H. K. Jr.</i>
		Address	<i>Int Wilson, Md</i>
Accident or Suicide?			

Mr. Kraut.

—



Name
in
Full

Samuel L. Frank -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chattanooga Springs Hotel</u>		County <u>Baltimore</u>		State <u>MARYLAND</u>	
Date of death	Month	Day	Age	Years	Months
<u>1906</u>	<u>Aug</u>	<u>3</u>	<u>64</u>	<u>9</u>	<u>17</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth place <u>Baltimore -</u>		
Occupation <u>Pres. Currier & Ives Co. 262 St.</u>			Where Residing if not at place of death <u>Baltimore</u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Esther L. Frank</u>				
Father's Name <u>Levi Frank</u>			Father's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>Rebecca Fleishman</u>			Mother's Birthplace <u>Germany</u>		
Name of person giving information <u>Brother, Mrs. M. Frank</u>			How related to deceased <u>-</u>		

CAUSES OF DEATH

Primary

Angina Pectoris

How long

Saw at 10:30 P.M., Aug 3.00

Immediate

Angina Pectoris

How long

Wrote 11 P.M. " " "

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

John Steiger Davis M.D.
1215 Cathedral St.
Baltimore

Accident or Suicide? No

07/07/1946

Postal address to
754 N Ectaw

Belair Road Helnew
Cemetery

Name
in
Full

Robt A Frazier

CERTIFICATE OF DEATH

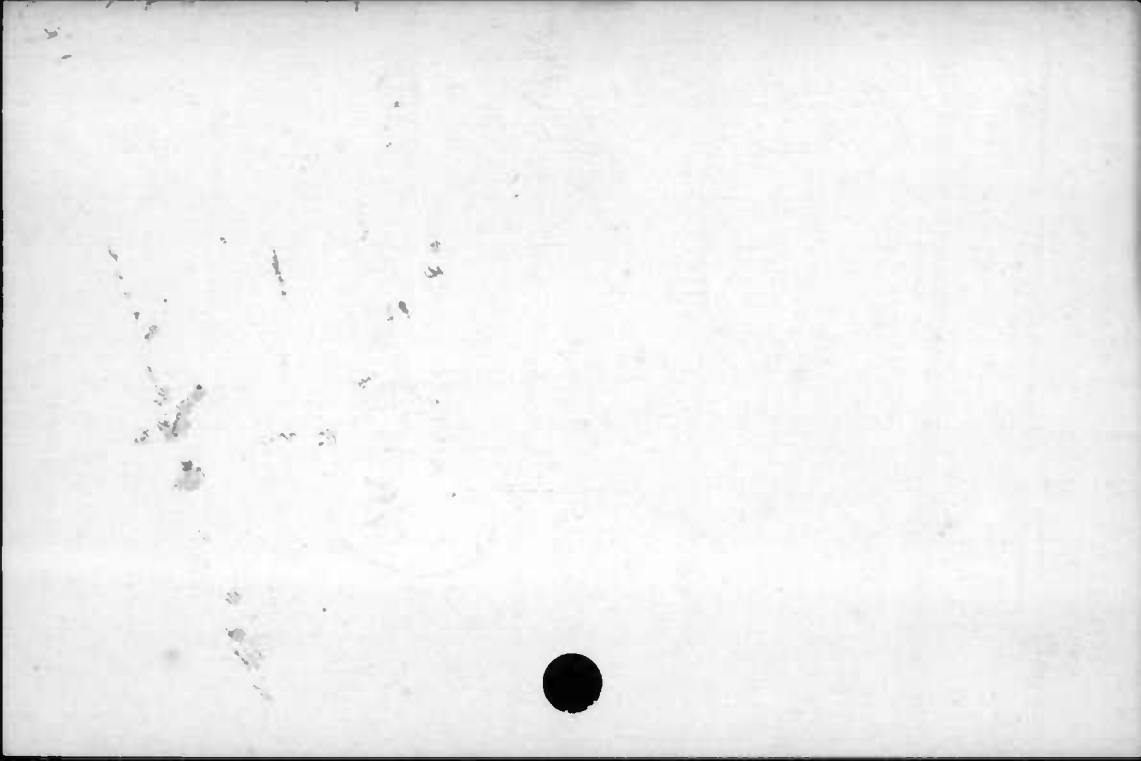
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Beugus</i>		Town <i>Beugus</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Aug</i>	Day <i>4</i>	Age <i>—</i>	Years <i>—</i>	Months <i>11</i>	Days <i>2</i>	
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>md</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Thomas A Frazier</i>				Father's Birthplace <i>va</i>			
Mother's Maiden Name <i>Alma Wilkerson</i>				Mother's Birthplace <i>md</i>			
Name of person giving information <i>Mrs G. Hughes</i>				How related to deceased <i>Grandmother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>105</i>	How long <i>30 hours</i>
Immediate		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John W. Hansen</i>	
	Address <i>middle Rint m</i>	
Accident or Suicide? <i>no</i>		



Name
in
Full

Ida F. Reese

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Int Hope Retreat</i> <i>Baltimore</i>		Town <i>Baltimore</i> County		MARYLAND	
Date of death <i>1906 Aug 13th</i>	Month <i>Aug</i>	Day <i>13th</i>	Age <i>1906</i>	Years <i>unknown</i>	Months <i>unknown</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind -</i>		
Occupation <i>none</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>			
Mother's Maiden Name <i>II</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Reeds Mt Hope</i>		How related to deceased <i>not at all</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Myocardial Infarction</i>	How long <i>9 yrs</i>
<i>Recurrent type -</i>	How long <i>65</i>
Immediate <i>Ex - Card. Syncope</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. J. Flannery M.D.</i>
	Address <i>Int Hope Retreat</i>
	<i>Baltimore Co Md -</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Lattie Tucker</i>		Town <i>Notwinans</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Notwinans</i>		Month <i>Aug</i>		Day <i>19</i>		Years <i>20</i>	
Date of death <i>1906</i>		Month <i>Aug</i>		Day <i>19</i>		Years <i>20</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birthplace <i>Baltimore</i>		Months <i>—</i>	
Occupation <i>invalid</i>		Where Residing if not at place of death <i>—</i>		Days <i>9</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Ethaniel Tucker</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Laura Tigar</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Herman E. Tucker</i>		How related to deceased <i>brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>4</i>	<i>Tuberculosis of Lungs</i>	How long <i>6 years</i>
Immediate <i>General septicemia</i>		How long <i>133</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. V. Glauert</i>	Address <i>Notwinans</i>
Accident or Suicide?		

Robt. Turner
Balt Cemetery

Name
in
Full

Anton Gaecklein

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> <small>Town</small>		<i>Balti</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i> <small>Month</small> <i>8</i> <small>Day</small> <i>1</i>		Age <i>—</i> <small>Years</small>		Months <i>6</i> <small>Days</small> <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balti Co.</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>1432 - 8th St</i>			
Married, Single or Widowed <i>S.</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John Gaecklein</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Mary Kleinlein</i>		Mother's Birthplace <i>Balti</i>			
Name of person giving information <i>John Gaecklein</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>24 hours</i>
Immediate <i>Exhaustion</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. L. Maynard</i>
Accident or Suicide? <i>No</i>	Address <i>342nd Gough Highlandtown Md</i>

St. Alphonsus Leem
J. Herwig + Son

8/2/06

Name
In
Full

Linda Gayer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Hylandston* Town*Balto* CountyDate
of death *1906*Month
*8*Day
*23*Age *29.* YearsMonths
*—*Days
*—*Sex *Female*Color or
Race*White*Birth-
place*Ba*

Occupation

*Cigar packer.*Where Residing if not
at place of death*—*~~Married~~ Single
~~or Widowed~~~~Married~~ Widowed
~~or Heir~~Father's
Name*George Gayer*Father's
Birthplace*Unknown*Mother's
Maiden Name*Unknown*Mother's
Birthplace*Unknown*Name of person giving
In formation*Jackson Parlette*How related
to deceased*Brother-in-law*

CAUSES OF DEATH

Primary

Cholera morbus.

How long

24 hours

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?*yes.*Signature of
Physician

Address

J. C. Schuch
1400 First St
Hylandston~~Accident or Suicide?~~

~~111~~

Mt. Carmel Linn
Hernig & Son

8/25/06

Name
in
Full

CERTIFICATE OF DEATH

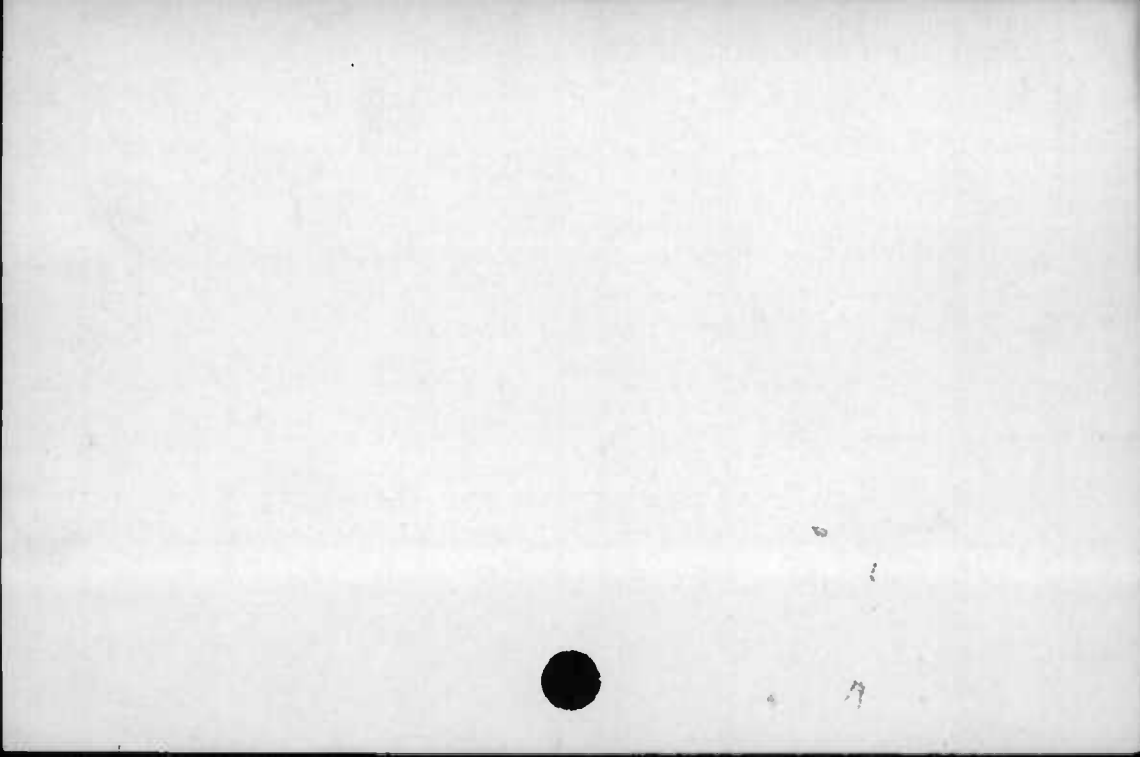
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Arlington</i> Town <i>Balto</i> County		MARYLAND	
Date of death <i>1906</i> Month <i>Aug</i> Day <i>7</i>	Age <i>1</i> Years	Months <i>9</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Baltimore city</i>	
Occupation	Where Residing if not at place of death <i>Arlington</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>William Henry Gearhart</i>	Father's Birthplace <i>Baltimore</i>		
Mother's Maiden Name <i>Mary Elizabeth Higgins</i>	Mother's Birthplace <i>Dorchester Co</i>		
Name of person giving information <i>May E Gearhart</i>	How related to deceased <i>mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough & Macromia</i>	How long <i>7 months</i>
Immediate <i>Meningitis with Bronchitis</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. L. Cox M.D.</i>
	Address <i>Arlington</i>
Accident or Suicide?	



Name in Full *Wm. H. Gebhard,*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Grange</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>Aug</i>	Day <i>25</i>	Age	Years <i>7</i>	Months <i>29</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Grange Balto Co Md</i>	
Occupation <i>none</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband			
Father's Name <i>John H. Gebhard</i>		Father's Birthplace <i>Balto. Md.</i>			
Mother's Maiden Name <i>Hannah Ledeker</i>		Mother's Birthplace <i>Balto. Co. Md.</i>			
Name of person giving information <i>John H. Gebhard.</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastro Enteritis</i>	How long <i>two weeks</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. L. Long</i>
	Address <i>2429 Fruit Ave Baltimore</i>
Accident or Suicide?	

Mt. Carmel. ~~City~~ Cemetery.

Liston P. Fusselbaugh,
510 N. Gay St.

Aug 27th 1906 Date of Burial.

Name
In
Full

CERTIFICATE OF DEATH

Pembrey L. Garris

Town

County

MARYLAND

Died at

Brimley

Baltimore

Date

Month

Day

Years

Months

Days

of death

1904 Aug.

20

Age

7

Sex

Female

Color or
Race

Negro

Birth-
place

Va

Occupation

None

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Stephen Garris

Father's
Birthplace

Va

Mother's
Maiden Name

Nancy Lee

Mother's
Birthplace

Va

Name of person giving
In formation

Mrs Stephen Garris

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Malaria

How long

2 weeks

Immediate

Acute Nephritis

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

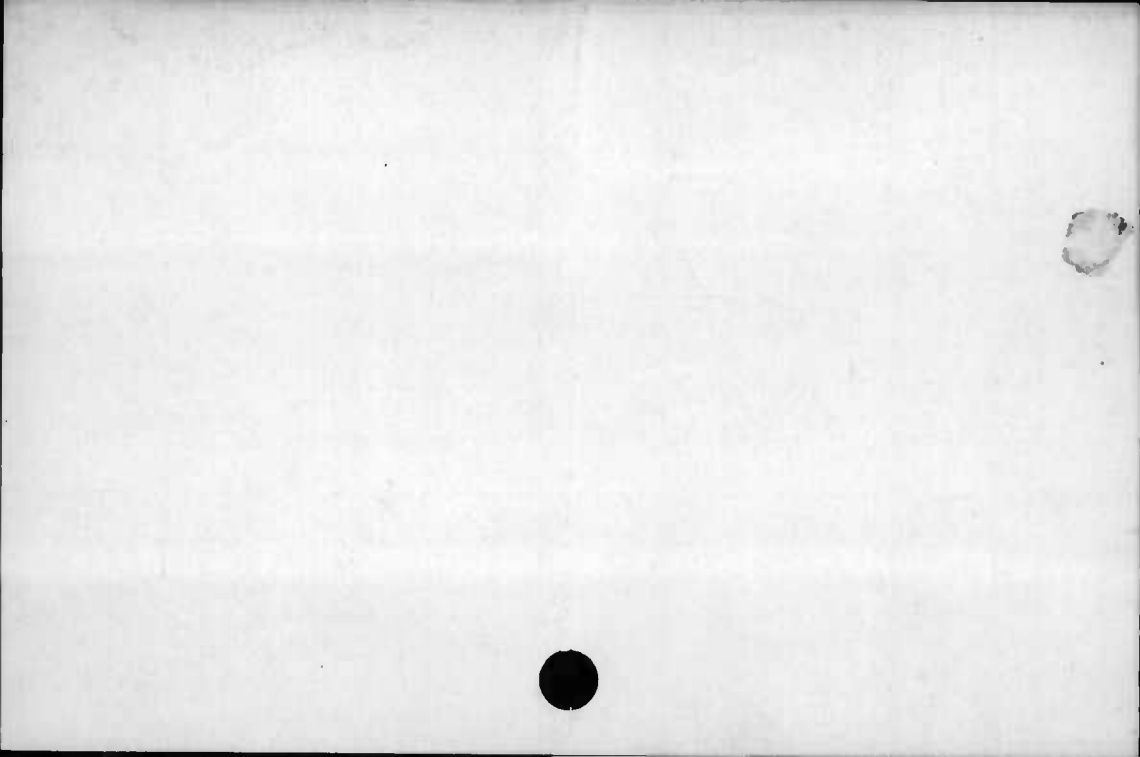
F. C. Giddens M.D.

Address

Spencer Point
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Caroline Grauling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i>		Town <i>Highlandtown</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>Aug.</i>	Day <i>18</i>	Age	<i>24</i>	Years	Months <i>—</i>
Sex	<i>Female</i>		Color or Race	<i>white</i>		Birth-place	<i>Germany</i>
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed		<i>Widow</i>		Name of Wife or Husband		<i>—</i>	
Father's Name		<i>William J. Lindeman</i>				Father's Birthplace	<i>Germany</i>
Mother's Maiden Name		<i>Not Known</i>				Mother's Birthplace	<i>"</i>
Name of person giving information		<i>Mary Day</i>		<i>(64)</i>		How related to deceased	<i>Daughter</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Hemorrhage</i>		How long	<i>7 day</i>
Immediate	<i>—</i>		How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Robt M.D.</i>		
		Address <i>2007 Eastern ave</i>		
Accident or Suicide?				

Trinity, Conn.

H. Sander Lons

Name

In

Full

Harry Gunther

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Highlandtown</u> ^{Town}		<u>Balto</u> ^{County}		MARYLAND	
Date of death	190 <u>6</u>	Month <u>8</u>	Day <u>20</u>	Age <u>3</u> Years	Months <u> </u> Days <u> </u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Balto</u>		
Occupation <u> </u>			Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u> </u>			
Father's Name <u>John Gunther</u>		Father's Birthplace <u>Balto Md</u>			
Mother's Maiden Name <u>Katie Eismayn</u>		Mother's Birthplace <u>Balto Md</u>			
Name of person giving information <u>Katie Gunther</u>		How related to deceased <u>Mother</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Membranous Croup</u> <u>(9)</u>	How long <u>4 da</u>
Immediate <u>Exhaustion</u>	How long <u>2 1/2 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes,</u>	Signature of Physician <u>Dr. Jas. L. Orman</u>
<u>no,</u>	Address <u>3rd & High</u>
Accident or Suicide? <u>no,</u>	<u>Highlandtown</u>

Mt Carmel
H. Sander Lons

Name
in
Full

Singleton. Hagan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906 Aug		23		62			
Sex		Color or Race		Birthplace			
male		white		fredrick Co			
Occupation		Where Residing if not at place of death					
Huckster		mound Winans					
Married, Single or Widowed		Name of Wife or Husband					
married		Sarah E Hagan					
Father's Name		Father's Birthplace					
Adam Hagan		fredrick Co					
Mother's Maiden Name		Mother's Birthplace					
Don't know		" " "					
Name of person giving information		How related to deceased					
Robt Brooks		not at all					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Double Pneumonia	How long	3 days
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		T. B. Hall	
		Address	
		Mt Winans	
Accident or Suicide?			

Rob. Brooks

Hood
miles

Name in Full		MEDICAL MARGARET HARR				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Cockeysville</i>		Town <i>Baltimore</i>		COUNTY		
	Date of death <i>1906 Aug</i>		Month	Day <i>7th</i>	Years	Months <i>4</i>	Days
	Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Baltimore Co</i>			
	Occupation <i>L</i>		Where Residing If not at place of death <i>L</i>				
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>				
PHYSICIAN OR CORONER	Father's Name <i>George Harr</i>		Father's Birthplace <i>Balto. County</i>				
	Mother's Maiden Name		Mother's Birthplace <i>" "</i>				
	Name of person giving information <i>J. George Harr.</i>		How related to deceased <i>Father</i>				
	CAUSES OF DEATH						
	Primary <i>Inflammation of Brain</i>	(105)		How long <i>Four weeks</i>			
Immediate <i>Convulsions</i>			How long <i>Two days</i>				
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. L. Smith</i>		Address <i>Rider, Md.</i>			
Accident or Suicide? <i>-</i>							

Grace ~~Wm~~ Correll
Chestnut Ridge
John Burrus Sons
Touson

Name
in
Full

Thomas B Harn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dickysville</i> <small>Town</small>		<i>Ballo</i> <small>County</small>		MARYLAND	
Date of death	<i>1906</i> <small>Month</small>	<i>Aug</i> <small>Day</small>	<i>20</i> <small>Years</small>	<i>61</i> <small>Months</small>	<i></i> <small>Days</small>
Sex	<i>male</i>	Color or Race	<i>White</i>	Birthplace	<i>md</i>
Occupation	<i>Spinner</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Elizabeth Harn</i>		
Father's Name	<i>Ephram Harn</i>		Father's Birthplace	<i>md</i>	
Mother's Maiden Name	<i>Elizabeth Grosvenor</i>		Mother's Birthplace	<i>md</i>	
Name of person giving information	<i>Elizabeth Harn</i>		How related to deceased	<i>wife</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Initial Regurgitation</i>	How long	<i>3 years</i>
Immediate	<i>Hemiplegia</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>A. C. Smith</i>
<i>Yes</i>		Address	<i>Woodlawn</i>
Accident or Suicide?			<i>md.</i>

Woodlawn Cn
Geo B. Cook

Name
in
Full

Lewis Henry Harvey

CERTIFICATE OF DEATH

Town

County

Died at

Knobel

Baltimore

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1906 Aug.

9

Age

36

10

10

Sex

male

Color or
Race

colored

Birth-
place

Balt., Md.

Married, Single
or Widowed

married

Occupation

coachman

Name of Wife
Husband

Angeline Harvey

Father's
Name

Amos, Harvey

Father's
Birthplace

Hereford, Md.

Mother's
Maiden Name

Mary Elizabeth Gassaway

Mother's
Birthplace

Long Green

Name of person giving
In formationChas. Irving ~~Harvey~~How related
to deceased

brother

CAUSES OF DEATH

Primary

Phthisis pulmonalis

How long

one year

Immediate

"

"

How long

" "

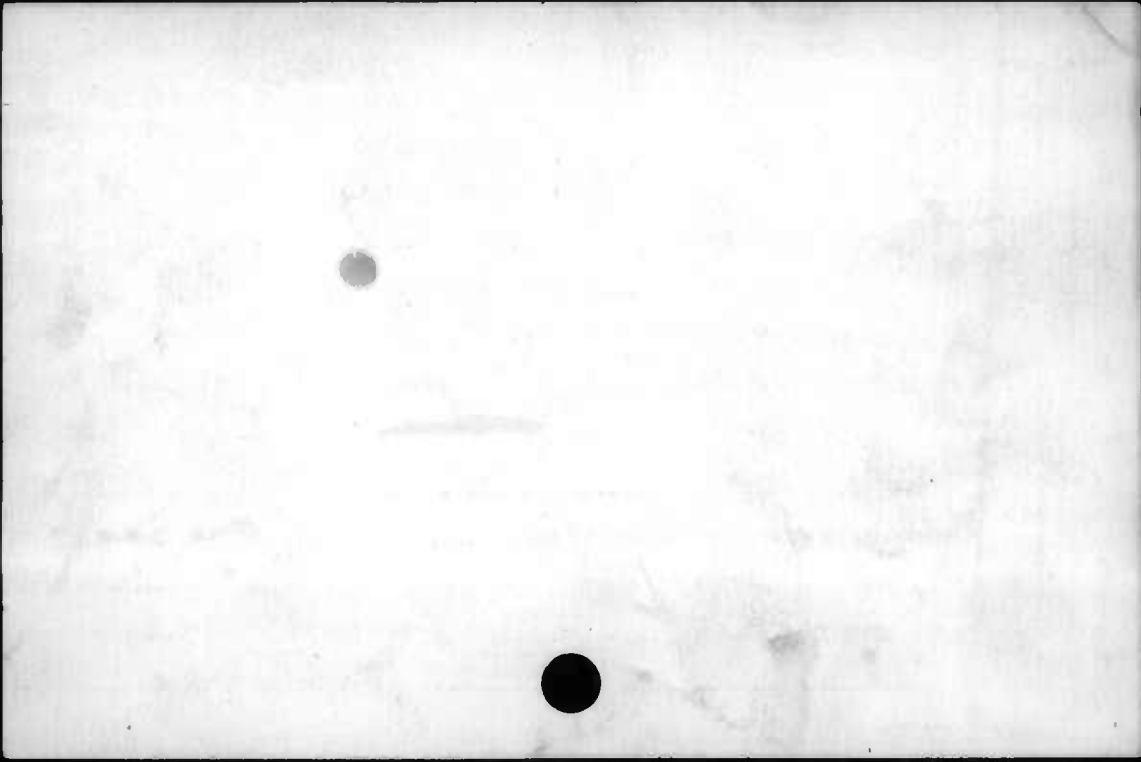
Are the name, age, sex, color, date
and place correctly given above?

—

Signature of
Physician

Address

Jno. A. Green
HillingsAccident ~~—~~TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Morris Heckner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Duckeyville</i> <small>Town</small>		<i>Balto</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i> <small>Month</small> <i>Aug</i> <small>Day</small> <i>8</i> <small>Age</small> <i>—</i> <small>Years</small>		<i>—</i> <small>Months</small> <i>one week</i> <small>Days</small>			
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Duckeyville</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Frederick Heckner Jr</i>		Father's Birthplace <i>Franklinstown</i>			
Mother's Maiden Name <i>Sadie Begum</i>		Mother's Birthplace <i>Westminster</i>			
Name of person giving information <i>F Heckner Jr</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Infantile Paralysis</i>	<i>(13)</i>	How long <i>4 days</i>
Immediate <i>Convulsions</i>		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. C. Smith M D</i>
		Address <i>Woodlawn Sta Md</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Freeland* TownCounty *Barth*

Date

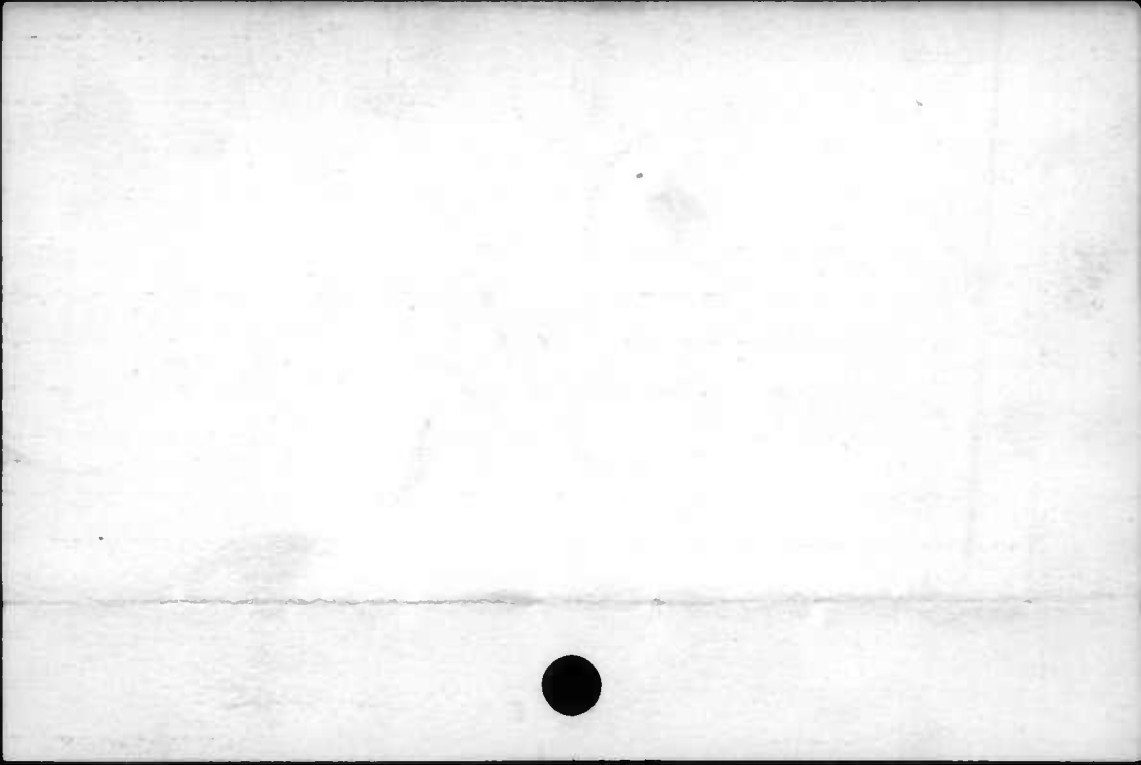
of death *1906*Month *Aug*Day *27*Age *79*

Years

Months *7*Days *104*Sex *Female*Color or
Race *White*Birth-
place *Tenn*Occupation *Housework*Where Residing If not
at place of deathMarried, Single
or Widowed *Widowed*Name of Wife or
Husband *Geo. W. Hedrick*Father's
Name *John Barber*Father's
Birthplace *Arkansas*Mother's
Maiden Name *Barbra Alderson*Mother's
Birthplace *" "*Name of person giving
information *W. H. Hedrick*How related
to deceased *son*

CAUSES OF DEATH

Primary *Old Age*How long *(104)*Immediate *Stomach trouble*How long *3 mo.*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician *Undertaker*Address *Freeland*Accident or Suicide? *-*PHYSICIAN
OR CORONER



Name
in
Full

George Hofstetter of L.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

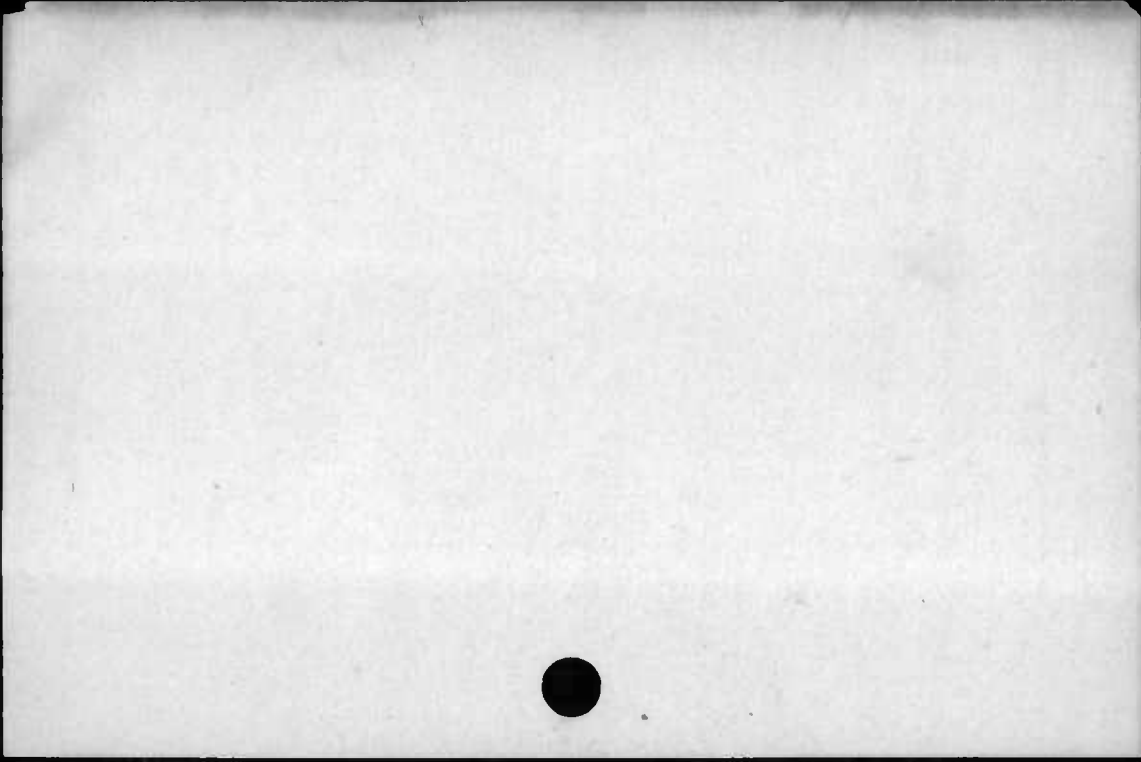
MARYLAND

Died at <i>Gardenville</i> Town <i>Baltimore</i> County			
Date of death <i>1906</i> Month <i>Aug</i> Day <i>4</i> Age <i>52</i> Years	Months	Days	
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Balt-</i>	
Occupation <i>Gardener</i>	Where Residing If not at place of death <i>Gardenville</i>		
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Lena Hofstetter</i>		
Father's Name <i>Lawrence Hofstetter</i>	Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Mary Lutz</i>	Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Joe A Hofstetter</i>	How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>1 Blood clot in brain</i>		How long <i>64</i>	<i>2 months</i>
Immediate	<i>Coma</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm. A. Corse</i>		
		Address <i>Gardenville</i>		
		<i>md-</i>		
Accident or Suicide?				



Name
in
FullWm Thomas Holliday Col
Town *Lutherville* County *Balto.*

CERTIFICATE OF DEATH

MARYLAND

Died at *Lutherville* *Balto.*
 Date of death *1906 Aug 29* Age *4 weeks*
 Sex *male* Color or Race *Colored* Birthplace *Lutherville*
 Occupation *✓* Where Residing if not at place of death *✓*

Married, Single or Widowed *✓*Name of Wife or Husband *✓*Father's Name *Charles Holliday*Father's Birthplace *Balto Co.*Mother's Maiden Name *Ida Diggs*Mother's Birthplace *Balto Co.*Name of person giving information *Chas Holliday*How related to deceased *Father*

CAUSES OF DEATH

Primary *Whooping Cough*How long *3 weeks*Immediate *Pneumonia. Exhaustion*How long *2 days*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

L. Tibbons Mack

Address

*Lutherville*Accident or Suicide? *—*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

John Burns Sons.

Gough. Chapel
Carr.
Shawman.

Name
in
Full

Henry F. Kocher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highland</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	<i>1906</i>	Month <i>Aug.</i>	Day <i>4</i>	Age Years	Months <i>5</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place		
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Fether's Name <i>Henry Kocher</i>			Fether's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Katie Forniges</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Henry Kocher</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

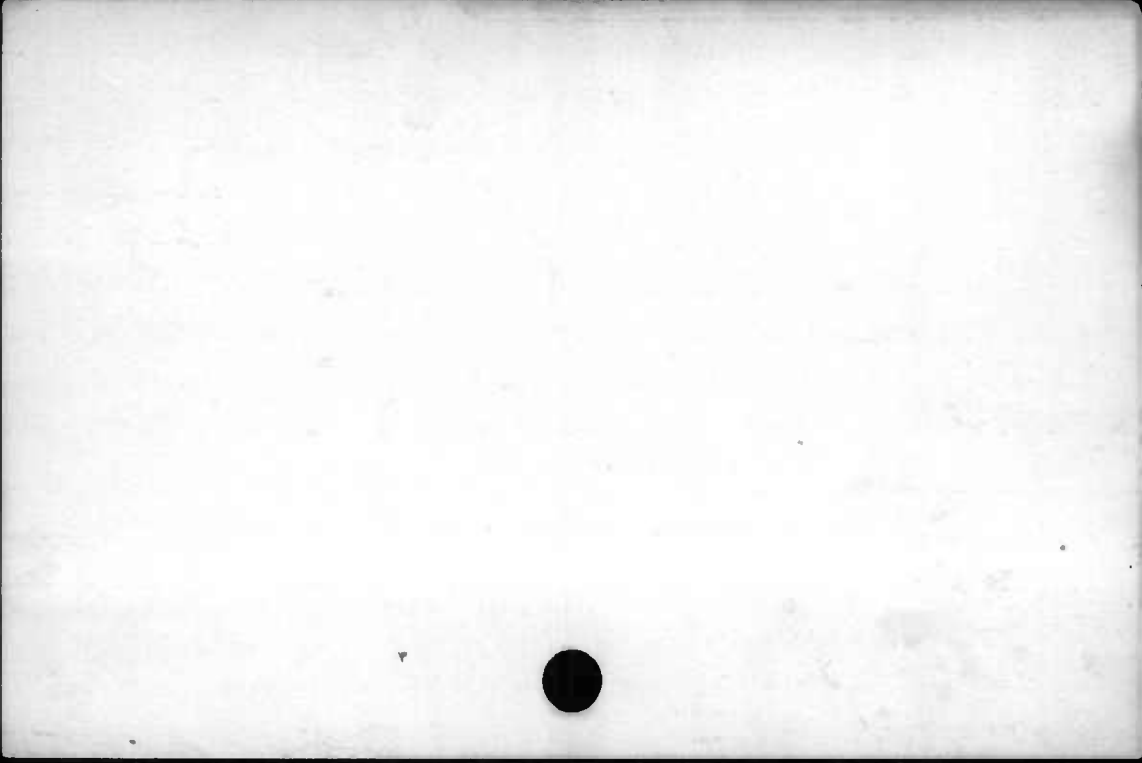
Primary <i>Dysentery Enteritis</i>	How long <i>2 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>6 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John Ayl</i>
	Address <i>1927 E. Monument St.</i>
Accident or Suicide? <i>No</i>	

Trinity Cam.

H. Jucker & Sons

446 Clairmont St

Name in Full		Sadie E Hoover				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Baltimore Md		County		MARYLAND
	Date of death		1906	Month Aug	Day 1	Years 22	Months 9
	Sex Female		Color or Race White		Birth- place		
	Occupation House keeper		Where Residing If not at place of death 404 Philadelphia Road				
	Married, Single or Widowed married		Name of Wife or Husband Edw. E Hoover				
	Father's Name Samuel E Wilson		Father's Birthplace Maryland				
	Mother's Maiden Name Elizabeth Scharffer		Mother's Birthplace "				
	Name of person giving In formation Edw. E Hoover		How related to deceased Husband				
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Typhoid Fever			How long 10 days	
	Immediate		General Peritonitis			How long	
	Are the name, age, sex, color, date and place correctly given above?		yes.		Signature of Physician John Mc Bayland		
					Address Johns Hopkins Hospital		
Accident or Suicide?		No					



Name
in
Full

CERTIFICATE OF DEATH

Lucy P. Hughes
 Town County

MARYLAND

Died at *Reisterstown*

Date of death: 1906 Month 8 Day 15 Age 27
 Months Days

Sex *Female* Color or Race *colored* Birth-place *Balto Co*

Occupation *House Wife* Where Residing if not at place of death *Reisterstown*

Married, Single or Widowed *Married* Name of Wife or Husband *Hanson Hughes*

Father's Name *Geo. W. Fox* Father's Birthplace *Balto Co*

Mother's Maiden Name *Allice R. Ross* Mother's Birthplace " "

Name of person giving information *Geo. W. Fox* How related to deceased *Father*

CAUSES OF DEATH

Primary *Tuberculosis* How long *6 mo*

Immediate *Heart failure* How long *one week*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Thompson
Glyndon

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Rachel Jacobs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Pimlico* Town *Balt.* County
 Date of death *1906* Month *8* Day *26* Age *45* Years Months *—* Days *—*
 Sex *Female* Color or Race *Colored* Birth-place *Balt. Co.*
 Occupation *Servant* Where Residing if not at place of death *Pimlico*
 Married, Single or Widowed *Married* Name of Wife or Husband *John Jacobs*
 Father's Name *Chas. Thomas* Father's Birthplace *Balt. Co.*
 Mother's Maiden Name *Minnie Davis* Mother's Birthplace *"*
 Name of person giving information *Classe Thomas* How related to deceased *Brother*

CAUSES OF DEATH

Primary

(Found dead) Heart Disease

How long

How long

Two months

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

W. B. Ex. 112
Arlington

Accident or Suicide?

at Campfield

1847

Name
in
Full

CERTIFICATE OF DEATH

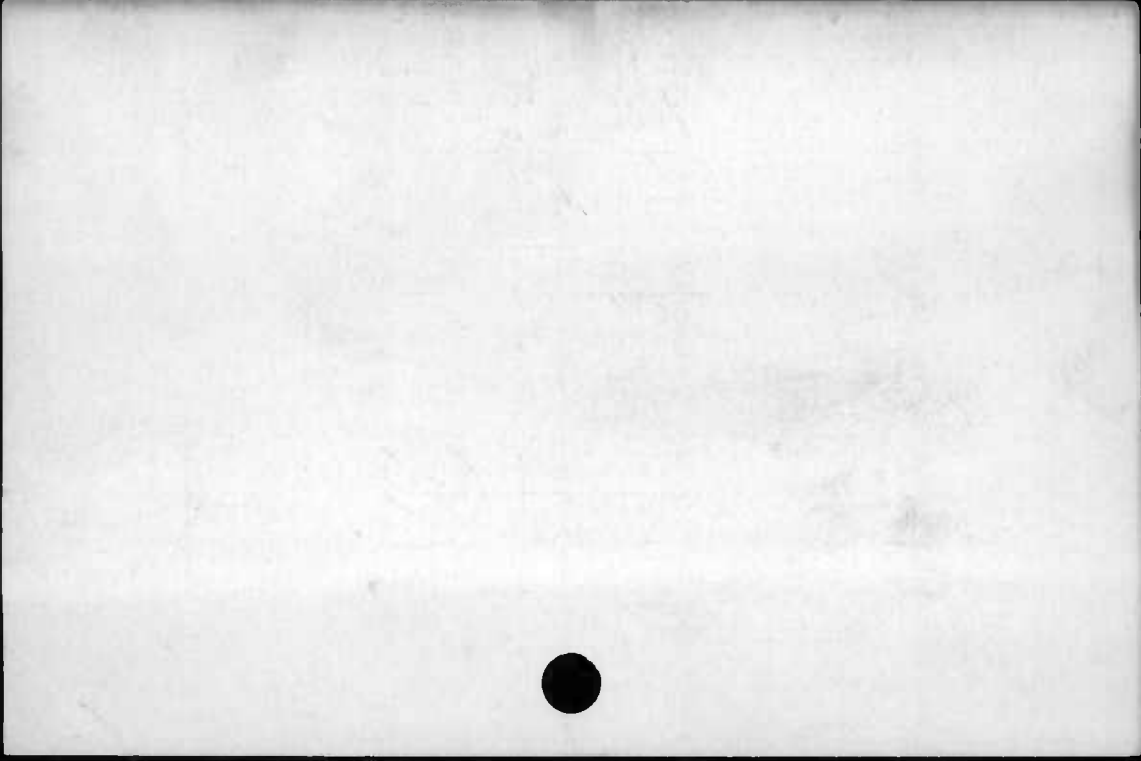
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Kno. W. Jeffers		Town Baltimore		County Baltimore		MARYLAND	
Died at Baltimore		Month aug.		Day 7		Years 30	
Date of death 1906		Month aug.		Day 7		Age 30	
Sex Male		Color or Race White		Birth-place Baltimore		Months -	
Occupation Salesman		Where Residing if not at place of death -		Days -			
Married, Single or Widowed Married		Name of Wife or Husband Mrs Lillie (Buttner) Jeffers		Father's Birthplace Baltimore		Mother's Birthplace "	
Father's Name J. E. Jeffers		Mother's Maiden Name Anna Ryer		How related to deceased -			
Name of person giving information -							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis	How long Six months.
Immediate Pulmonary hemorrhage	How long 2 hrs.
Are the name, age, sex, color, date and place correctly given above? Yes.	Signature of Physician J. W. Sharr.
	Address St. Agnes Hospital
	City.
Accident or Suicide? -	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Bertha Johnson</i>		City <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at <i>North Point</i>		Month <i>August</i>		Day <i>27</i>	
Date of death <i>1906</i>		Age <i>—</i>		Months <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>North Pt.</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>North Point</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Clyton Johnson</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Eudica Johnson</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Felix B. Pye</i>		How related to deceased <i>Friend</i>			

CAUSES OF DEATH

Primary

inward spasms.

How long

4 days

Immediate

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of

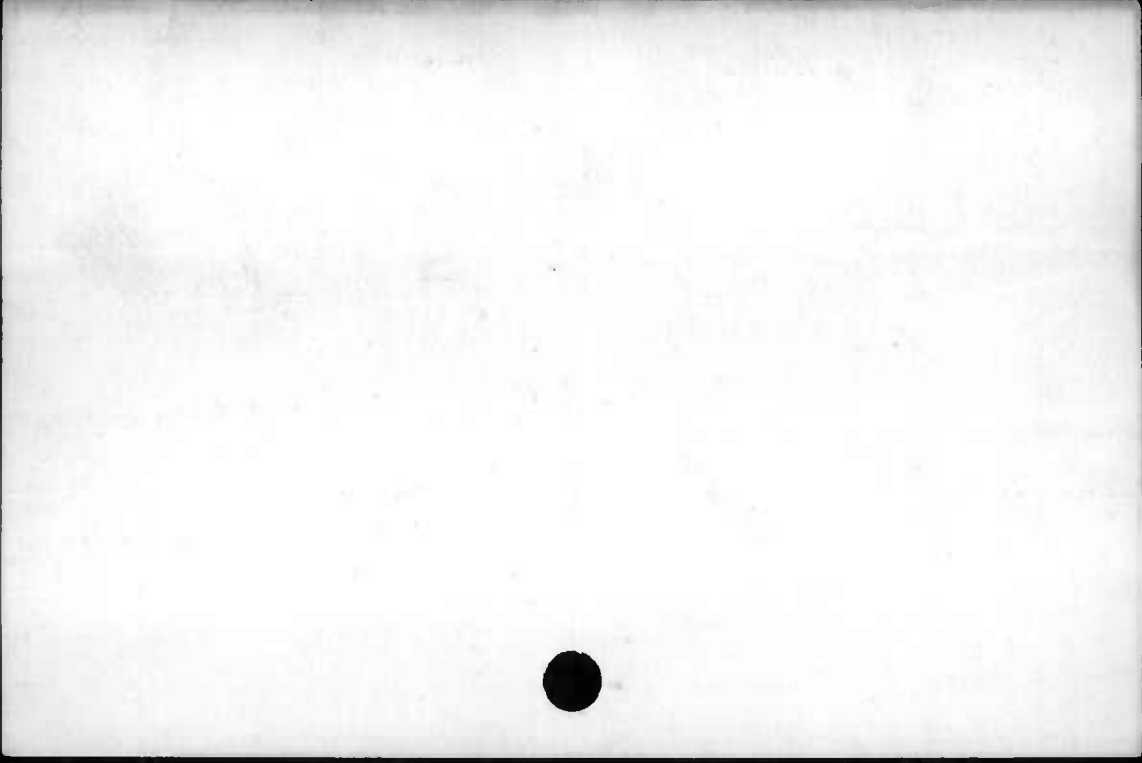
P.A. Dummigan

Address

203 Lomb St

Accident or Suicide?

*Natural causes**Coroner*PHYSICIAN
OR CORONER



Name
in
Full

Lucy A. Johnson (col)

CERTIFICATE OF DEATH

Town

Lutherville

County

Baltimore

MARYLAND

Died at

Date

1906 Aug

Day

27

Years

Age 53

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Baltimore

Occupation

Laundress

Where Residing if not
at place of death

Lutherville

Widowed

Widow

Name of
Husband

George Johnson

Father's
Name

Apperson Miller

Father's
Birthplace

Md.

Mother's
Maiden Name

Lucy A. Miller

Mother's
Birthplace

Md.

Name of person giving
In formation

Susan C. Chace

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Acute Indigestion - Arteriosclerosis

How long

Few hours

Immediate

Apoplexy

How long

6 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

L. Tibbons Smith M.D.

Address

Lutherville Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Barry Long Green Bait-60. m
Alex H. Emory in dentator
578 W. Budd. 22

Name
in
Full

CERTIFICATE OF DEATH

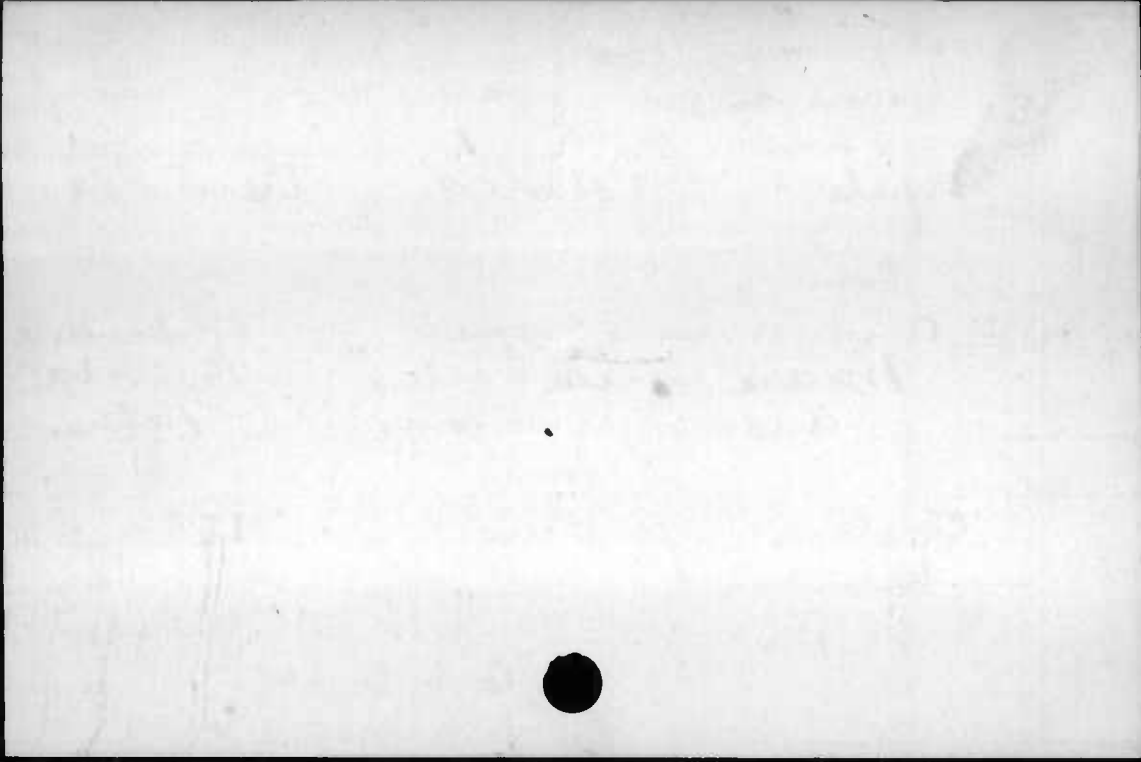
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Spessie Point</i> Town		<i>Bullo</i> County		MARYLAND	
Date of death	<i>1906</i>	Month <i>Aug</i>	Day <i>5</i>	Age	Years <i>11</i>
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>Spessie Point</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Charles A. Jones</i>			Father's Birthplace <i>Weld</i>		
Mother's Maiden Name <i>Gertrude Funch</i>			Mother's Birthplace <i>Weld</i>		
Name of person giving information <i>Charles A. Jones</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enter colitis</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. C. Eldred M.D.</i>
	Address <i>Spessie Point</i>
	<i>Weld</i>
Accident or Suicide?	



Name
In
Full

Mary Rose Jones

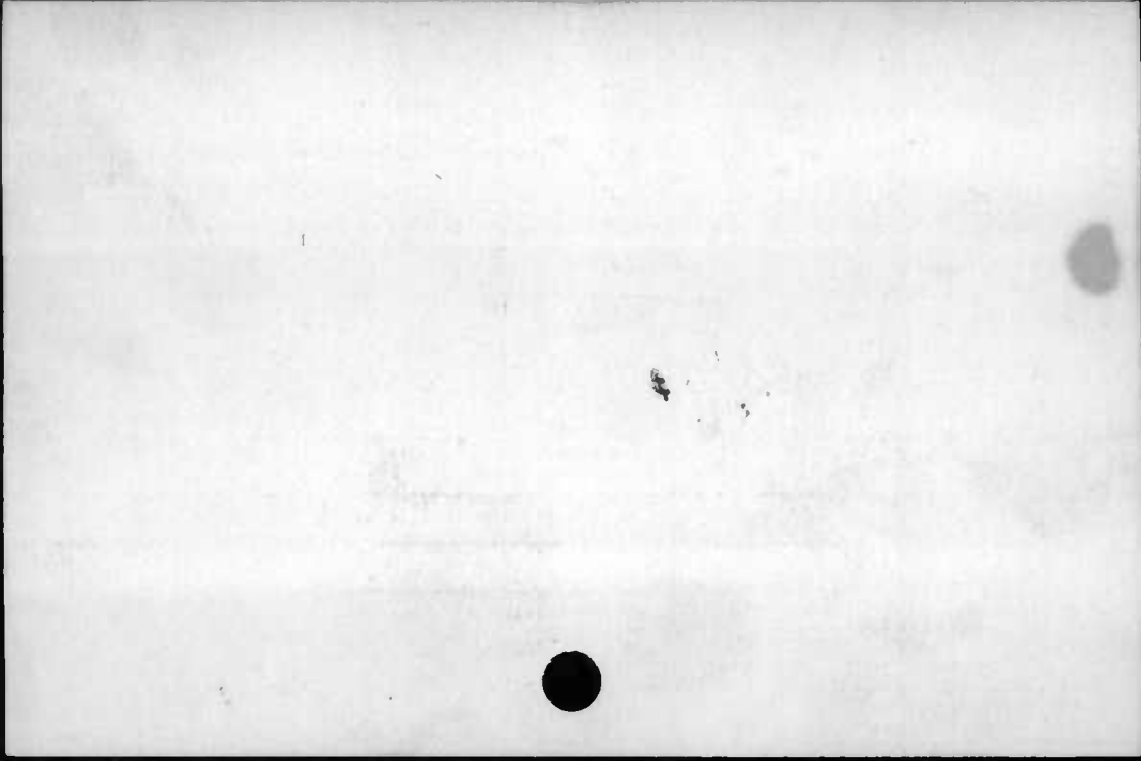
CERTIFICATE OF DEATH

Died at <u>Sparrows Point</u> ^{Town} <u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1906</u> ^{Month} <u>Aug</u> ^{Day} <u>4</u> ^{Years} <u>1</u>	Months		Days
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Crew Va.</u>	
Occupation _____	Where Residing if not at place of death _____		
Married, Single or Widowed _____	Name of Wife or Husband _____		
Father's Name <u>Andrew James Jones</u>	Father's Birthplace <u>Burksville Va.</u>		
Mother's Maiden Name <u>Martha Rebecca Oliver</u>	Mother's Birthplace <u>Crew Va.</u>		
Name of person giving information <u>Andrew James Jones</u>	How related to deceased <u>Father.</u>		

CAUSES OF DEATH

Primary <u>Cholera Infantum</u>	How long <u>10 days</u>
Immediate <u>Asthenia</u>	How long <u>several weeks</u>
Are the name, age, sex, color, date and place of birth given above?	Signature of Physician <u>Frank C. Kildred M.D.</u>
	Address <u>316 E. E. St. W. Cross.</u>
	<u>Sparrows Point.</u>
Accident or Suicide?	

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

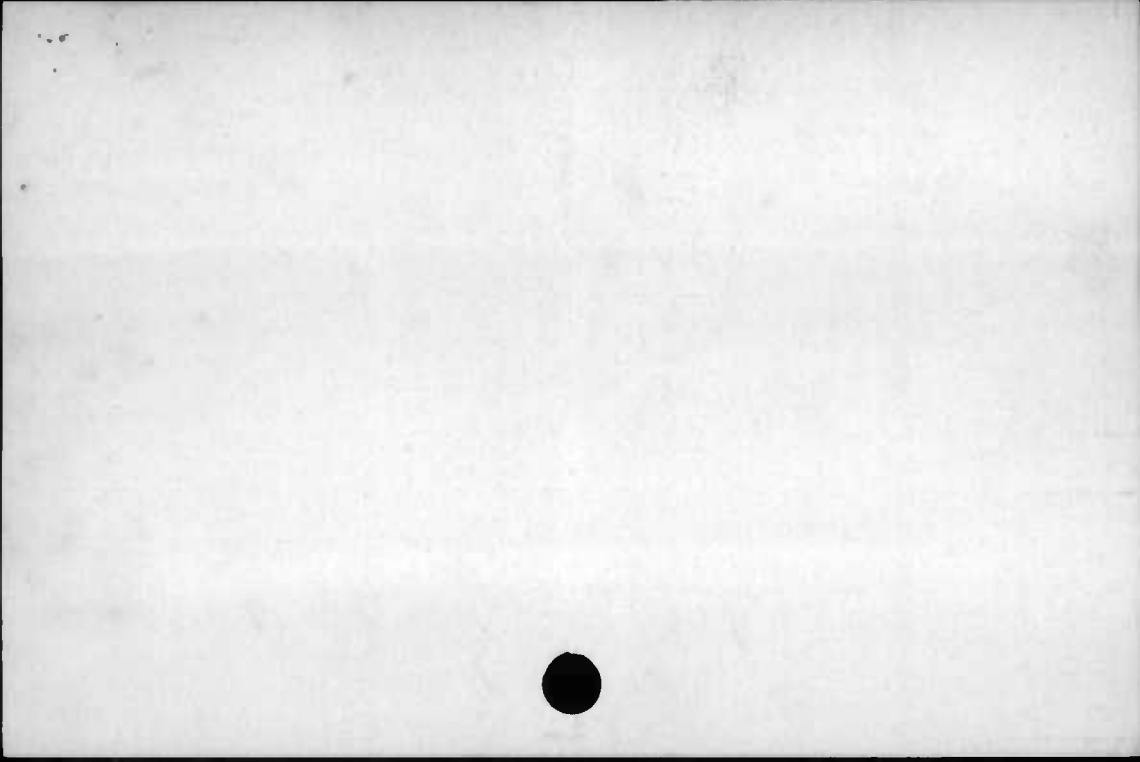
TO BE
SIGNED BY
NEAREST FRIEND

Died at <i>Sparrows Point</i> ^{Town} <i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1906</i> ^{Month} <i>Aug</i> ^{Day} <i>16</i>	Age <i>—</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>male</i>	Color or Race <i>col</i>	Birth-place <i>Sparrows Point</i>	
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Burnett Jones</i>	Father's Birthplace <i>Va</i>		
Mother's Maiden Name <i>Catharine Nunnally</i>	Mother's Birthplace <i>Va</i>		
Name of person giving information <i>Catharine Jones</i>	How related to deceased <i>mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still born infant</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. T. McComber M.D.</i>
<i>no</i>	Address <i>Sparrows Point Md</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Catharina Kahl

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Perry Hall</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1906</u> ^{Month} <u>Aug.</u> ^{Day} <u>13</u> ^{Age} <u>3</u> ^{Years} <u>3</u> ^{Months} <u></u> ^{Days} <u></u>	Sex <u>Female</u> Color or Race <u>white</u>		Birth-place <u>Above</u>		
Occupation <u></u>		Where Residing if not at place of death <u></u>			
Married, Single or Widowed <u></u>		Name of Wife or Husband <u></u>			
Father's Name <u>John Kahl</u>		Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u></u>		Mother's Birthplace <u></u>			
Name of person giving information <u>John Kahl</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cholera Infantum</u>	How long <u>Several days</u>
Immediate <u>Exhaustion</u>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Luigard Whitford</u>
<u>yes</u>	Address <u>Fullerton, Md.</u>
Accident or Suicide? <u>X</u>	

St Josephs

Name
In
Full

Andrew Kane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town}		<i>Belle</i> ^{County}		MARYLAND	
Date of death	190 <i>6</i>	Month <i>8</i>	Day <i>26</i>	Age <i>64</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Pennsylvania</i>		
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mrs Annie Kane</i>				
Father's Name <i>John Kane</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>Medie Kane</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	<i>(64)</i>	How long <i>4 da</i>
Immediate <i>uraemia</i>		How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr J. L. Miller</i>	
	Address <i>2nd York</i>	
Accident or Suicide? <i>No</i>	<i>Highlandtown</i>	

M. Carmel cemetery
Hernig & Son
8/28/06

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died on <i>Chesnut Ridge</i> ^{Town} <i>Balto.</i> ^{County}		MARYLAND										
Date of death	1906	8	Month	12	Day	Age	18	Years	18	Months	Days	
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Texas Md</i>					
Occupation						Where Residing if not at place of death						
Married, Single or Widowed			Name of Wife or Husband									
Father's Name			<i>Joseph T. Kelley</i>						Father's Birthplace			<i>Pennsylvania</i>
Mother's Maiden Name			<i>Livia Pence</i>						Mother's Birthplace			
Name of person giving information									How related to deceased			<i>Texas Md</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Died suddenly from</i>		How long	
Immediate	<i>natural causes</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		<i>Thos. C. Bussey</i>		
		Address		
		<i>Texas Md</i>		
Accident or Suicide?				

To Be Buried By
Euser & Prier
at Mayo chapel
Chas. Mt Ridge

Name
in
Full

CERTIFICATE OF DEATH

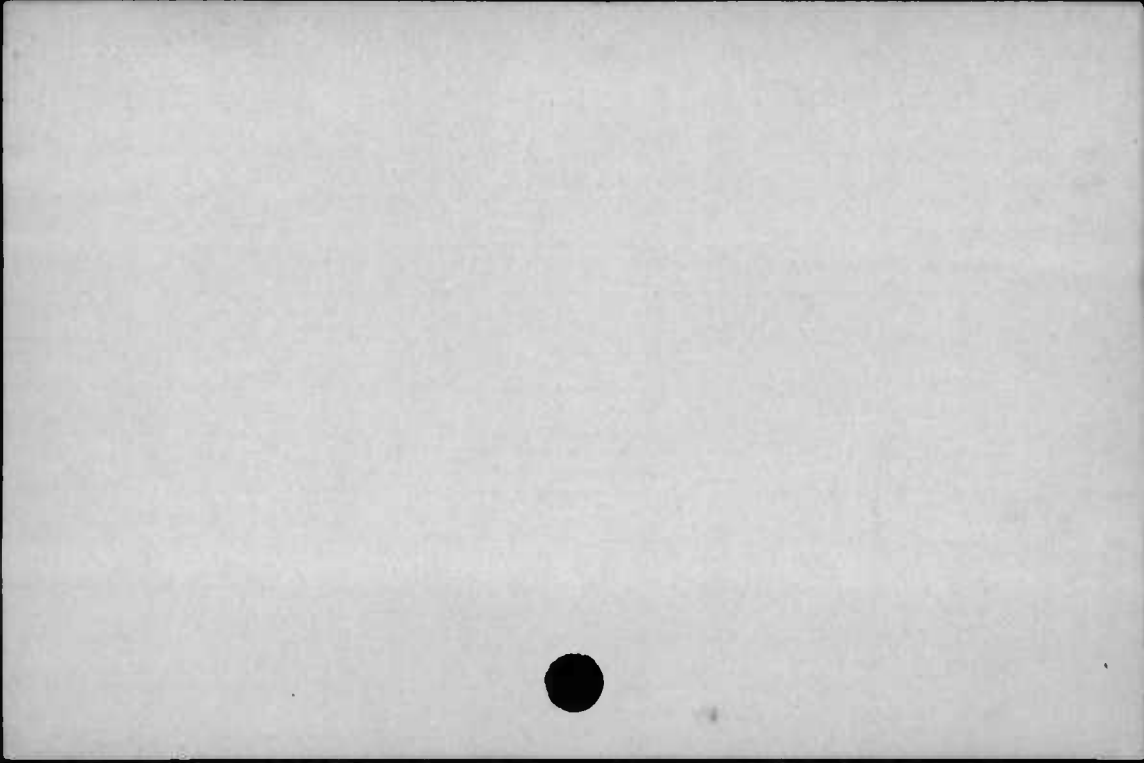
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Crofton</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	<i>8</i> <small>Month</small>	<i>21</i> <small>Day</small>	Age <i>81</i> <small>Years</small>	<i>5</i> <small>Months</small>	<i>5</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>—</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widowed</i>			Name <i>Wife of</i> <i>John G. Kelley</i>		
Father's Name <i>Heazekiah Malloy</i>			Father's Birthplace		
Mother's Maiden Name <i>Agnes</i>			Mother's Birthplace		
Name of person giving information <i>Thos Kelley</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Nephritis</i>	How long <i>Several years</i>
Immediate <i>Cardiac Insufficiency</i>	How long <i>Several months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. D. ...</i>
	Address <i>Riden, Md</i>
Accident or Suicide?	



Name
In
Full

Easter Kirsch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Highlandtown		^{County} Baltimore		MARYLAND	
Date of death	1906	Month	Aug.	Day	31
Age		19		Months	4
Sex	Female	Color or Race	white	Birth-place	New York
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Geo. G. Kirsch		
Father's Name	John H. Myers			Father's Birthplace	Ind.
Mother's Maiden Name	Sarah Jackson			Mother's Birthplace	Nel.
Name of person giving information	John H. Myers			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Child birth	How long	3 weeks
Immediate	Pyaemia & Exhaustion	How long	1 week
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Geo. L. Quax, M.D.
		Address	37 South Highlandtown
Accident or Suicide?	No		

Mr. Trux

Name
in
Full

Paul Kircher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Goraustown		County Baltimore		MARYLAND	
Date of death	1906	Month Aug	Day 7	Age	Years	Months 4	Days 23
Sex	Male		Color or Race	White		Birthplace	Maryland
Occupation	Infant			Where Residing if not at place of death Goraustown			
Married, Single or Widowed	Infant		Name of Wife or Husband				
Father's Name	John A. Kircher					Father's Birthplace	Maryland
Mother's Maiden Name	Anna J. Kelley					Mother's Birthplace	do
Name of person giving information	Jno. A. Kircher					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Meningitis	How long	3 days
Immediate	Convulsions	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	E. H. Deaneau
		Address	Goraustown Md
Accident or Suicide?			

Crowley Bras

1500 N. Baltimore St

25 N. Fulton Ave

Bonnie Bras

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

~~Chas~~ Still born Infant Kirschner
 Died at Fitzell ^{Town} Balto ^{County} MARYLAND
 Date of death 1906 Aug ^{Month} 6th ^{Day} Age — ^{Years} — ^{Months} — ^{Days}
 Sex female Color or Race white Birth-place Fitzell
 Occupation — Where Residing if not at place of death "

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?



Name
In
Full

Francis Heamer Knox

CERTIFICATE OF DEATH

Died at ^{Town} Parkville^{County} Baltimore

MARYLAND

Date
of death 1906

Month 8

Day 15

Age 0

Years 0

Months 3

Days

Sex Male

Color or
Race WhiteBirth-
place Parkville

Occupation

Where Residing If not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Louis P. Knox

Father's
Birthplace

Ind

Mother's
Maiden Name

Edithe E. Francis

Mother's
Birthplace

..

Name of person giving
In formation

Louis P. Knox

How related
to deceased

Father

CAUSES OF DEATH

Primary

Cholera Infantum

How long

105

Immediate

Exhaustion

How long

105

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

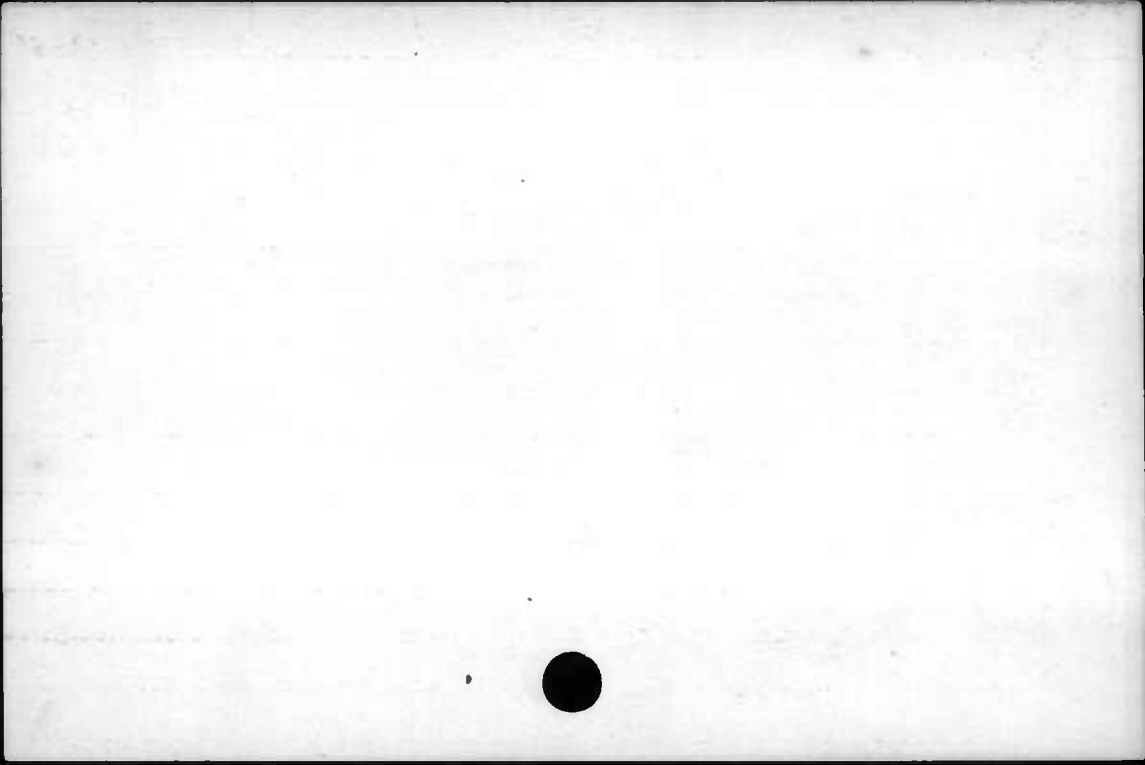
J. F. G. Whiteford

Address

Parkville, Ind.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Charles P. Kohlhaus.

CERTIFICATE OF DEATH

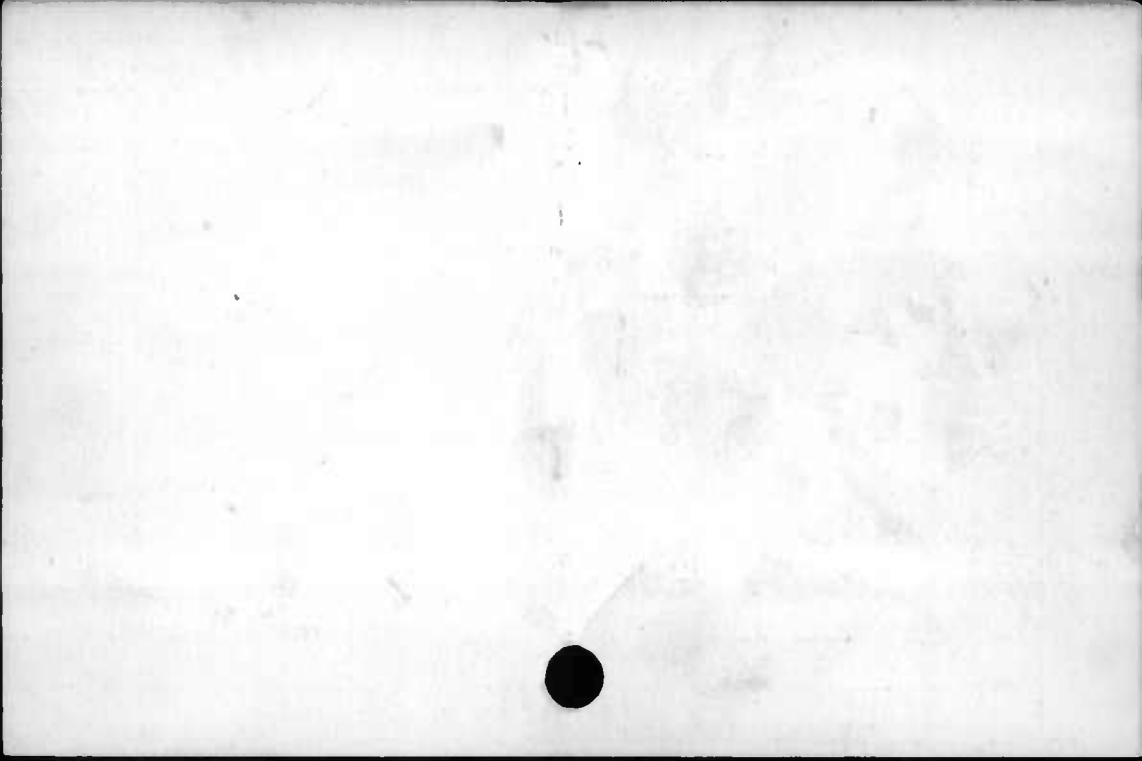
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Baltimore County		County Baltimore		MARYLAND	
Date of death		1906	Month August	Day 25	Age 37	Years	Months 1
Sex		Male.		Color or Race White.		Birth-place Germany.	
Occupation Manufacturer				Where Residing if not at place of death 1313 W. Baltimore St			
Married, Single or Widowed		Married.		Name of Wife or Husband Minnie Kohlhaus.			
Father's Name		Paul. Kohlhaus.				Father's Birthplace Germany.	
Mother's Maiden Name						Mother's Birthplace Germany.	
Name of person giving information		D. J. Haner.				How related to deceased none	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Drowning.	How long	172
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		Carroll David Thompson.	
Address		1500 Highland ave.	
Accident or Suicide?		Accident	
		Baltimore Co Md.	



Name
in
Full

Margaret K Kremer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>Aug.</i>	Day <i>6</i>	Age <i>11</i> Years	Months <i>11</i>	Days <i>4</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation <i>None</i>		Where Residing if not at place of death _____			
Married, Single or Widowed <i>single</i>	Name of Wife or Husband _____				
Father's Name <i>Theodore Kremer</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Catherine A Donnelly</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Theodore Kremer</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>2 mts</i>
Immediate <i>dy sentery</i>	How long <i>a few days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. R. Burke M.D.</i>
	Address <i>218 Colonnell St</i>
Accident or Suicide?	

Sacred Heart-Cemetery

Aug. 7th 1906

Germanus France

Sanctus

Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Aary E. Kortman

MARYLAND

Died at *11 Hope Retreat Mt Hope* ^{Town} *Bald Co* ^{County}

Date of death *1906 Aug 22nd* ^{Month} ^{Day} Age *80* ^{Years} *unknown* ^{Months} *unknown* ^{Days}

Sex *Female* Color or Race *White* Birth-place *Bosnia -*

Occupation *Dr of Church* - Where Residing if at place of death *Mt H. Retreat* -

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *unknown*

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information *Recd. of Mt Hope* -

How related to decedent *not at all* -

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Leucilia*

How long

Immediate *Ex-acute Dysentery*

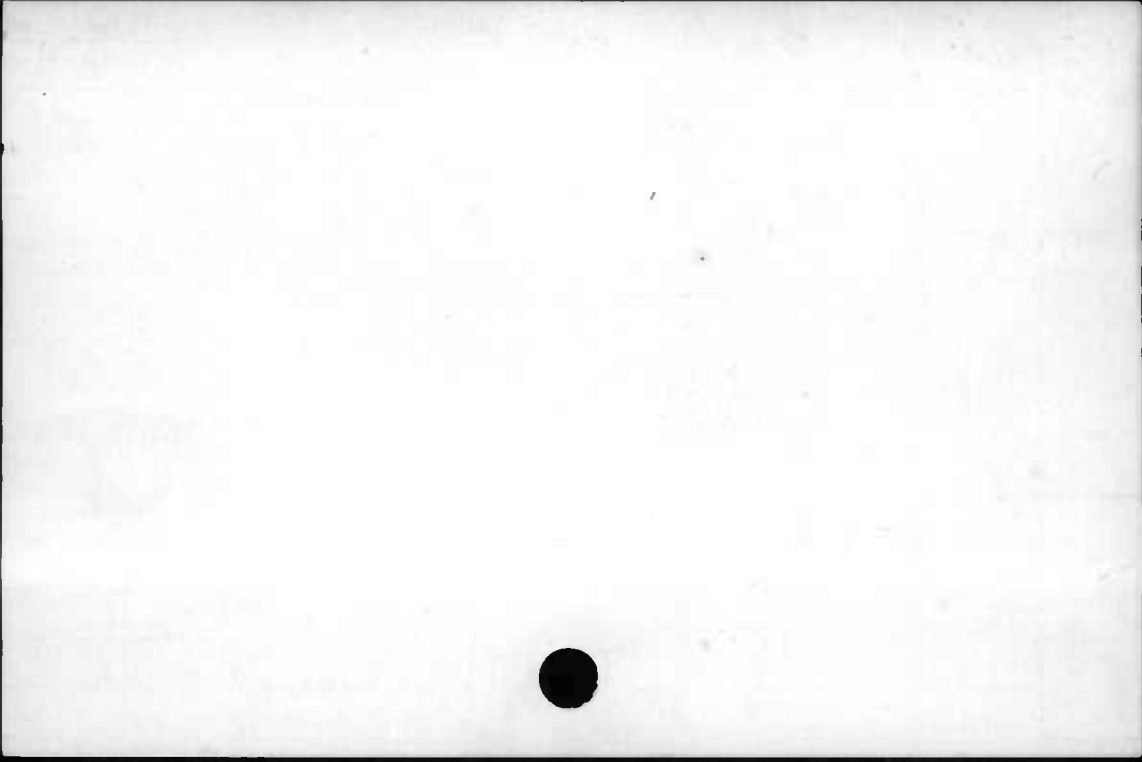
How long *abt 10 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Frank J. Flannery*

Address *Mt Hope Retreat
Mt Hope, Md*

Accident or Suicide?



Name
in
Full

Sister Mary Lapusi

CERTIFICATE OF DEATH

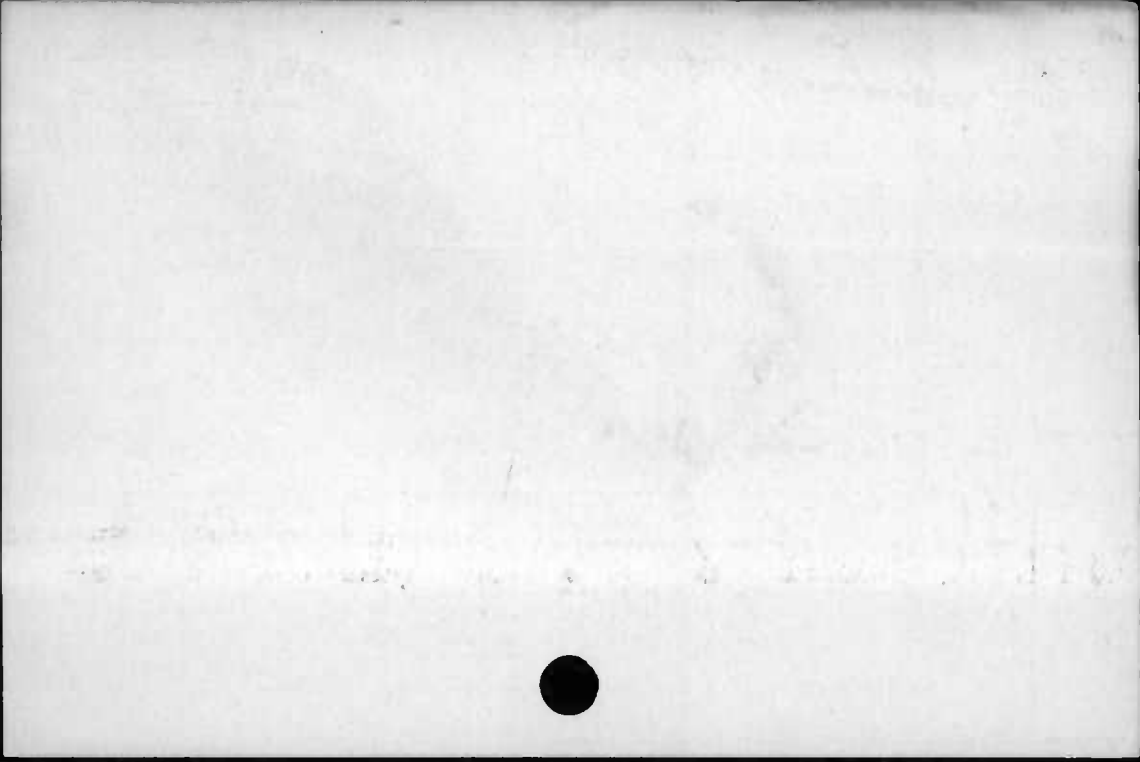
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Baltimore</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>Aug</i>	Day <i>3</i>	Age <i>31</i>	Years <i>31</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Detroit</i>		
Occupation <i>Sister of Charity</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Edward Lapusi</i>			Father's Birthplace <i>Canada</i>		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Sister Raphael</i>			How related to deceased <i>Superior</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<i>Yes.</i>	Address <i>J. W. Shaw.</i>
Accident or Suicide?	<i>St Agnes Hospital</i>



Name
in Full

Ernie Blake Lrr. **Balta** **Co.**
 Died at **Wt. Washington** **Baltimore** **Co.**

CERTIFICATE OF DEATH

MARYLAND

Date of death **1906** **Aug.** **28** **Age** **27** **Months** **—** **Days** **—**

Sex **Female** Color or Race **White** Birth-place **Balta. City.**

Occupation **House wife** Where Residing if not at place of death **—**

Married, Single or Widowed **Married** Name of Wife or Husband **Parker Hall Lrr.**

Father's Name **Byron Blake, Sr.** Father's Birthplace **Cabot Co. Md.**

Mother's Maiden Name **Ernie L. Kyle** Mother's Birthplace **Cincinnati Ohio**

Name of person giving information **Parker H. Lr.** How related to deceased **Husband**

CAUSES OF DEATH

Primary **Typhoid-Pneumonia** **(1)** How long **4 wks**

Immediate **Heart failure** How long **1 day**

Are the name, age, sex, color, date and place correctly given above? **yes**

Signature of Physician **H. Hobart Ketch. M.D.**

Address **846 N. Eutan St.**

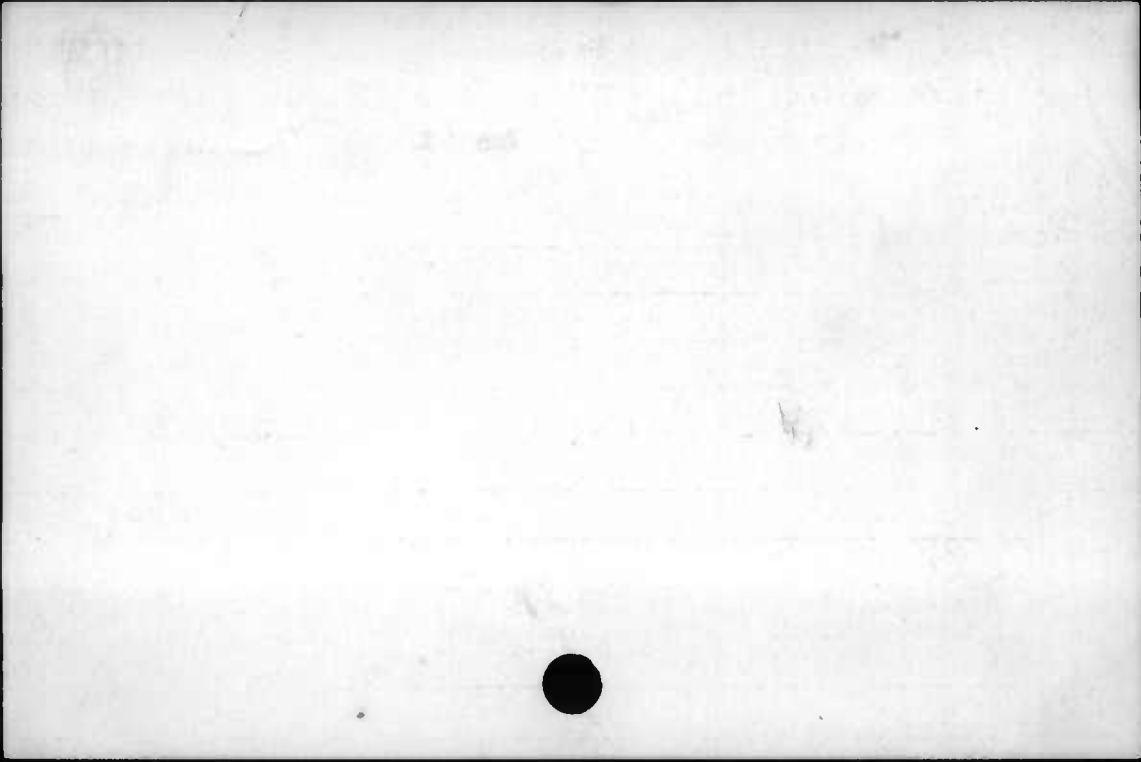
Accident or Suicide? **—**

Baltimore, Md.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



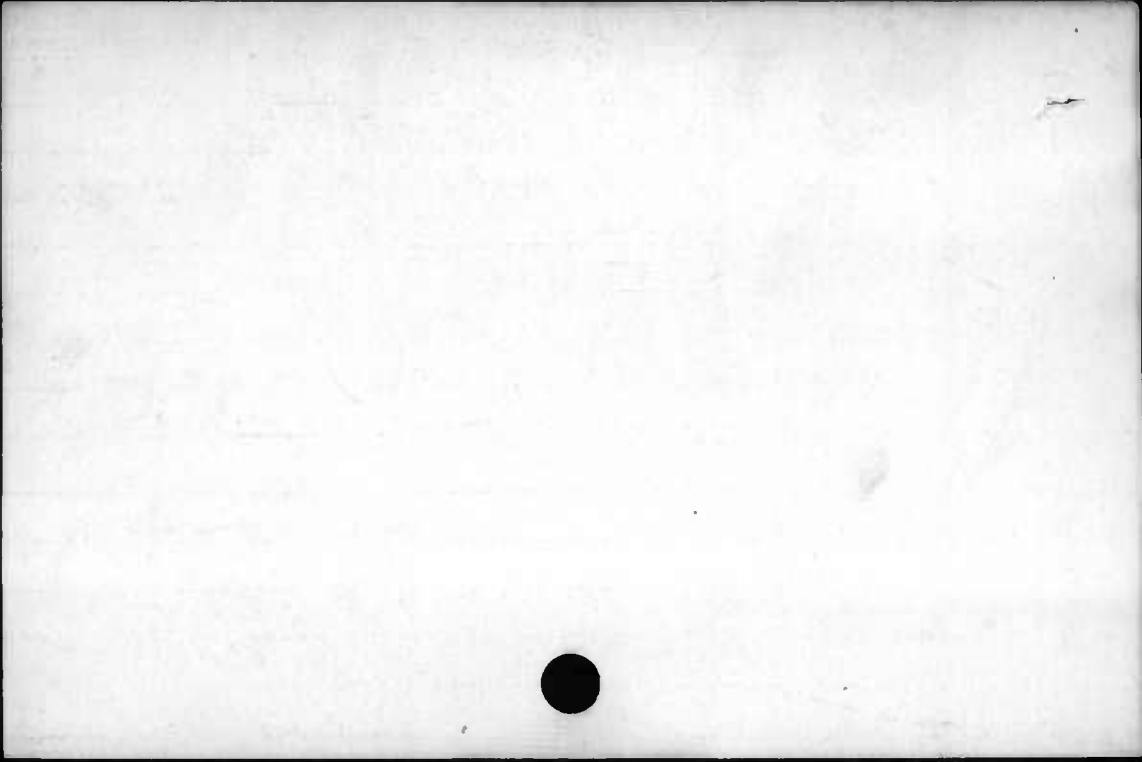
Name in Full		Gustavus H. Schuman				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Mt. Washington ^{Town}		Baltimore ^{County}		MARYLAND
	Date of death		1906	August ^{Month}	Sunday ^{Day}	Age 60 62 ^{Years}	11 Months 5 Days
	Sex		Male		Color or Race	White	
	Occupation		Analytical Chemist		Birth-place		
	Where Residing if not at place of death		Hrisbadden, Germ.				
	Married, Single		Name of Wife or Husband				
	Mrs. Amanda R. Schuman						
PHYSICIAN OR CORONER	Father's Name		Philip Schuman		Father's Birthplace		
	Mother's Maiden Name		Louise		Mother's Birthplace		
	Name of person giving information		Leshie P. Schuman		How related to deceased		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Pulmonary Tuberculosis		How long		
	Immediate		General Miliary Tuberculosis		Six weeks		
	Are the name, age, sex, color, date and place correctly given above?		Yes		How long		
	Signature of Physician		Thomas B. Fitcher		Three or four weeks		
	Address		3 W. Franklin St				
Accident or Suicide?		—		Baltimore			



Name in Full		Michael Lehner-				CERTIFICATE OF DEATH	
		Died at		Baltimore Md		County Balt	
		Date of death		1906 Aug 6		Age about 50	
		Sex		Male		Color or Race White	
		Occupation		B&O R.R. Flagman		Where Residing if not at place of death	
		Married, Single or Widowed		Married		Name of Wife. Margaret Lehner	
		Father's Name		Unknown		Father's Birthplace Germany	
		Mother's Name		Unknown		Mother's Birthplace Germany	
		Name of person giving information		William Lehner		How related to deceased Son.	

CAUSES OF DEATH

Primary		Hit by B&O R.R. Engine		How long		Sudden	
Immediate		Fractured Skull and Injuries Received		How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. D. Gehbart	
				Address		211 W. Lanvale. St. Balt. Md.	
Accident or Suicide?		X				Coroner	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Highlandtown* *Balto.*Date of death *1906* *Aug* *27* *Age* *Years* *Months* *Days*Sex *Female* Color or Race *White* Birth-place *Balto Co.*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Single* Name of Wife or Husband _____Father's Name *Sam Lilly* Father's Birthplace *md*Mother's Maiden Name *Maria Holbrook* Mother's Birthplace *md*Name of person giving information *Sam Lilly* How related to deceased *Father*

CAUSES OF DEATH

Primary *Moroseum* *151* How long *Life*Immediate *Moroseum* How long *Life*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Dr. J. F. Hoff*Address *N. E. Cor. Lafayette & Carrollton Ave*Accident or Suicide? *No* *Dr. J. F. Hoff*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Walter Warren Lilley</i>		Town <i>Lauraville</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at <i>Lauraville</i>		Month <i>Aug</i>		Day <i>28</i>		Years <i>18</i>	
Date of death <i>1906</i>		Month <i>Aug</i>		Day <i>28</i>		Years <i>18</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Howard County</i>		Months <i>5</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>Lauraville Md</i>		Days <i>6</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>William Lilley</i>		Father's Birthplace <i>Baltimore Md</i>					
Mother's Maiden Name <i>Helena Lambden</i>		Mother's Birthplace <i>Baltimore City</i>					
Name of person giving information <i>Mrs. Helen Lilley</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary tuberculosis</i>	How long <i>one year</i>
Immediate <i>Pulmonary tuberculosis</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Walter A. Cox</i>
	Address <i>20170 Wilkins Ave</i>
Accident or Suicide? <i>—</i>	

Laurel Howard C. M.D.

Joseph B. Cook

Name
in
Full

CERTIFICATE OF DEATH

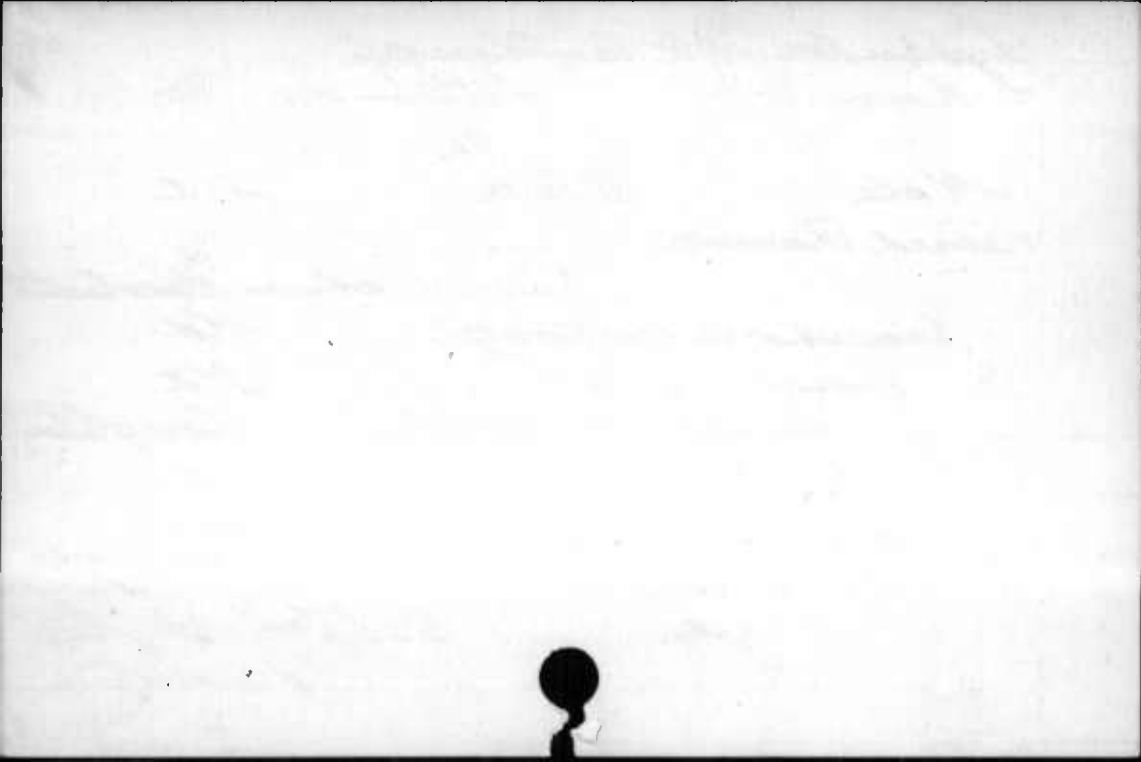
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death 190 <i>6</i>	Month <i>8</i>	Day <i>1</i>	Age <i>36</i>	Years <i>36</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Nd</i>			
Occupation <i>Machinist</i>	Where Residing if not at place of death <i>204 Clairmont St</i>				
Married, Single or Widowed <i>M.</i>	Name of Wife or Husband <i>Clara E Loftis</i>				
Father's Name <i>James Loftis</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>—</i>	Mother's Birthplace <i>—</i>				
Name of person giving information <i>Clara E. Loftis</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Angina Pectoris</i>	How long <i>20 minutes</i>
Immediate <i>Exhaustion</i>	How long <i>5 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Geo. L. Quarles</i>
	Address <i>3 and 1/2 South Highlandtown Nd</i>
Accident or Suicide? <i>NO</i>	



Name
in
Full

CERTIFICATE OF DEATH

Susan Lee Mc Kenough
 Died at *Rayville* ^{Town} *Baltimore* ^{County} *MARYLAND*

Date of death *1906* Month *8* Day *30* Age *92* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Me.*

Occupation *Retired Farmer* Where Residing if not at place of death *—*

Married, Single & Widowed *Widowed* Name of Wife or Husband *Elleanor Ann Marshall*

Father's Name *James Mc Kenough* Father's Birthplace *Me.*

Mother's Maiden Name *Sarah Bailey* Mother's Birthplace *Me.*

Name of person giving information *Sarah H. Kessler* How related to deceased *Son*

CAUSES OF DEATH

Primary *Senectus* How long *154*
 Immediate *Asthma* How long *5 or 6 days*

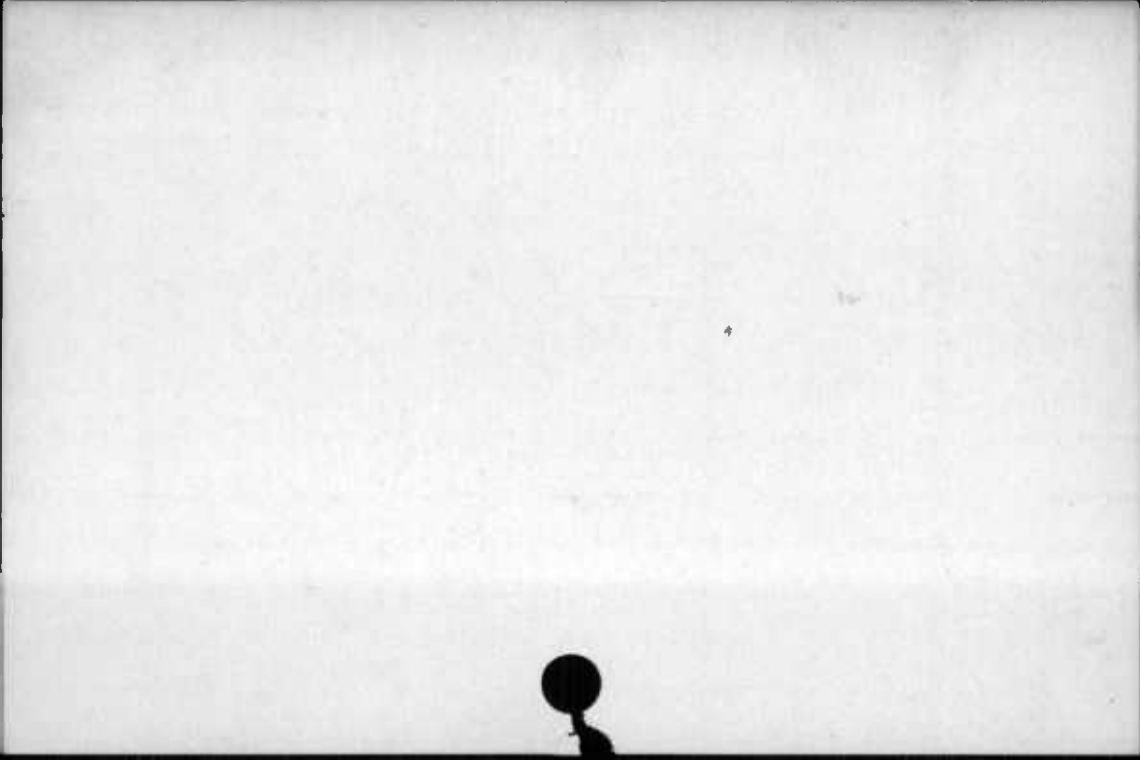
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *E. W. Seyde, M.D.*

Address *Barlinton, Me.*

Accident or Suicide? *—*

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Calumsville</i>		<i>Polk</i> County		MARYLAND
	Date of death 190 <i>6</i>	Month <i>Aug</i>	Day <i>27</i>	Age <i>67</i> Years	Months <i></i> Days <i></i>
	Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>	
	Married, Single or Widowed <i>Single</i>		Occupation <i>None</i>		
	Name of Wife or Husband <i>X</i>				
	Father's Name <i>X</i>			Father's Birthplace <i>X</i>	
	Mother's Maiden Name <i>X</i>			Mother's Birthplace <i>X</i>	
	Name of person giving information <i>X</i>			How related to deceased <i>X</i>	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Dementia</i>		How long <i>4 yrs.</i>		(92)
	Immediate <i>Pneumonia</i>		How long <i>1 week</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wesley Wade</i>		Address <i>Calumsville, Ind</i>
	<i>No</i>		[Redacted]		
	Accident or Suicide? <i>No</i>				

George E French
Lamel.

Name
in
Full

Mary Elizabeth McNeil

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Arlington*^{County} *Balto.*Date
of death *1906*Month
*8*Day
11

Age

Years

Months
*9*Days
8

Sex

*Female*Color or
Race*White*Birth-
place*Arlington*

Occupation

*None*Where Residing if not
at place of death~~Married, Single~~
~~or Widowed~~Name of Wife or
HusbandFather's
Name*Walter G. McNeil*Father's
Birthplace*Balto. Md*Mother's
Maiden Name*Laura L. Taft*Mother's
Birthplace*Md*Name of person giving
In formation*Walter G. McNeil*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Hecolitis

How long

5 weeks

Immediate

Coronations

How long

*10 hours*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*J. A. Macarty*

Address

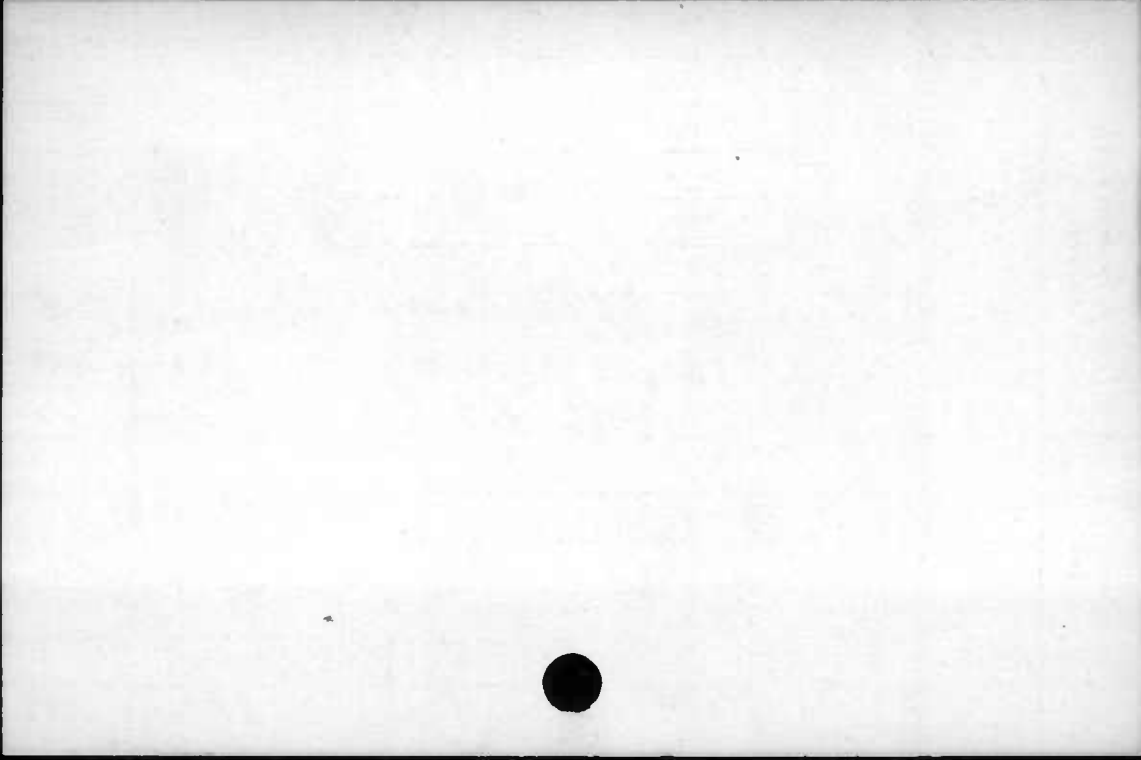
*S. 10 E
Balto.*

Accident or Suicide?

^{Post}
Mr Hardesty.

2nd floor below Billidine Ave

Name in Full <i>Lillian T. Maddox</i>		CERTIFICATE OF DEATH	
Died at <i>Chase</i> Town		<i>Baltimore</i> County	
Date of death <i>1906</i> Month <i>Aug</i> Day <i>1</i>		Age <i>—</i> Years Months <i>7</i> Days <i>20</i>	
Sex <i>Female</i>		Color or Race <i>white</i>	
Occupation		Birth-place <i>Md</i>	
Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband	
Father's Name <i>Chas E Maddox</i>		Father's Birthplace <i>Md</i>	
Mother's Maiden Name <i>Ella Edwards</i>		Mother's Birthplace <i>Md</i>	
Name of person giving information <i>Chas E Maddox</i>		How related to deceased <i>Son</i>	
CAUSES OF DEATH			
Primary <i>Infantile Convulsions</i>		How long <i>24 hrs</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John W. Tamm</i>	
		Address <i>Middleton Md</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	1906	Month	8	Day	15
Sex	Male	Color or Race	White	Years	20
Occupation	Clerk	Where Residing if not at place of death	14 27 Third St		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Thomas J. Mahoney	Father's Birthplace	Maryland		
Mother's Maiden Name	Katharine Kennedy	Mother's Birthplace	Maryland		
Name of person giving information	Mary Gertrude Mahoney	How related to deceased	Sister		

CAUSES OF DEATH

Primary	Acute Phthisis	How long	3 mos
Immediate	Exhaustion	How long	2 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. L. J. Maxwell
	No	Address	3 and 4th Highlandtown, Md
Accident or Suicide?	No		

St. Patrick's Comm.
H. Sander & Sons

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Annington

Town

Baltimore

County

MARYLAND

Date

of death 1906

Month

8

Day

15

Age

Years

47

Months

8

Days

8

Sex

Male

Color of
Hair

White

Birth-
place

Maryland

Occupation

Farmer

Where Residing if not
at place of death

Annington Md.

Married, Single
or Widowed

Married

Name of Wife or
Husband

Melina Scherzer

Father's
Name

James K. Marks

Father's
Birthplace

Ireland

Mother's
Maiden Name

Matilda Elder

Mother's
Birthplace

Ireland

Name of person giving
In formation

Matilda Marks

How related
to deceased

Sister.

CAUSES OF DEATH

Primary

Valvular disease of heart

How long

Years

Immediate

Valvular disease of heart

How long

5 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

R. F. Handley

Address

S. D. & Co.

PHYSICIAN
OR CORONER

Accident or Suicide?

—



Name
in
Full

Alice Lee Fendall Maynard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Paula Keigwin Ave</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Date of death <i>1906</i>	Month <i>8</i>	Day <i>25</i>	Age <i>70</i>	Years <i>70</i>	Months <i>0</i>	Days <i>25</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>None</i>			Where Residing if not at place of death <i>At Place of death.</i>				
Married, Single or Widowed <i>Married</i>	Name of Widow Husband <i>J. J. Maynard</i>						
Father's Name <i>Edward Fendall</i>	Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Francis J. Barker</i>	Mother's Birthplace <i>Maryland</i>						
Name of person giving information <i>J. J. Maynard</i>			How related to deceased <i>Husband</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Floating Kidney with Obstruction</i>	How long <i>6 months</i>
<i>Intermittent Hydro-nephrosis</i>	How long <i>6 hours</i>
Immediate <i>Chill & Shock</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. L. Cox M.D.</i>
	Address <i>Arlington</i>
Accident or Suicide?	

To be buried in
Druid Ridge Cemetery
on August 27" 1906
by Henry W. Mears ^{and} Sons.

Name
in
Full

CERTIFICATE OF DEATH

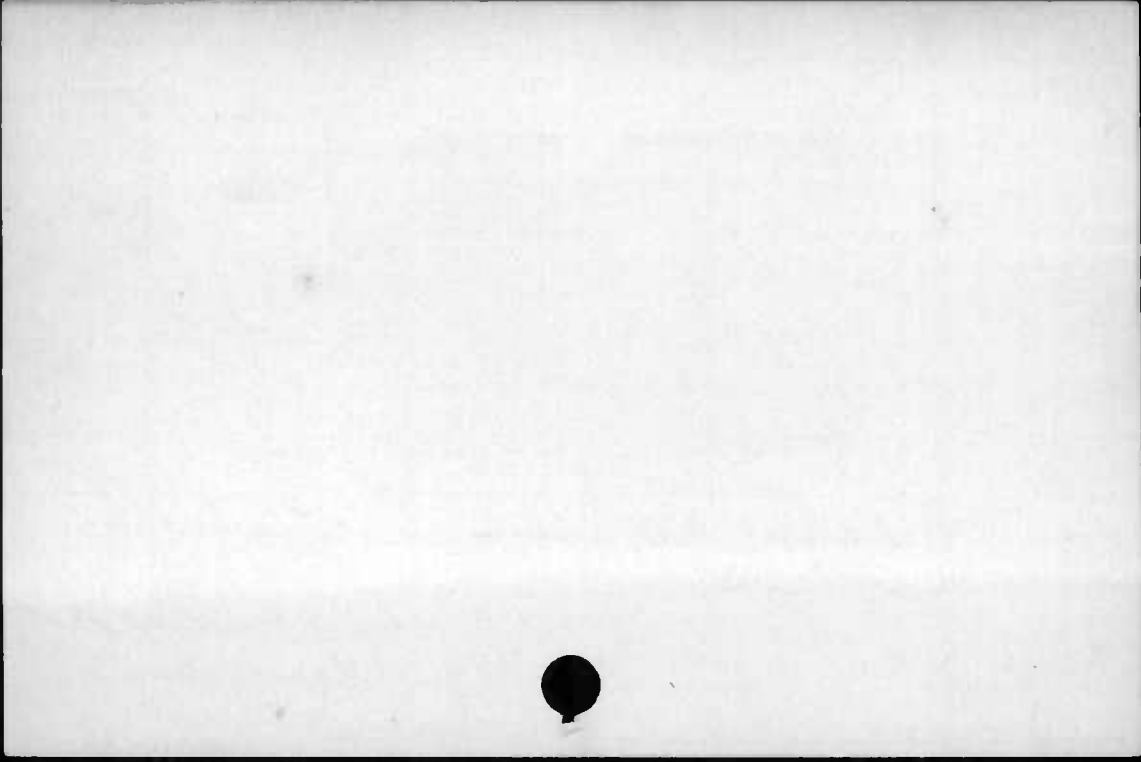
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Baltimore</i>		County <i>Balto.</i>		MARYLAND	
Date of death	1906	Month <i>Aug</i>	Day <i>4</i>	Age Years <i>26</i>	Months	Days	
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth- place	<i>Baltimore</i>
Occupation	<i>None</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>William McNeill</i>					Father's Birthplace	<i>Ireland</i>
Mother's Maiden Name	<i>Ellen M. Gorman</i>					Mother's Birthplace	<i>Balto. Md</i>
Name of person giving information	<i>The Deceased's mother</i>					How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>Nine months.</i>
Immediate	<i>Exhaustion.</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. W. Shaw</i>	
		Address <i>St. Agnes Hospital.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

of death 1906

Month

Day

Age

Years

Months

Days

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER

Baltimore Bay

Aug. 7/86.

Wm Cook

Name
in
Full

Statie E. Milke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

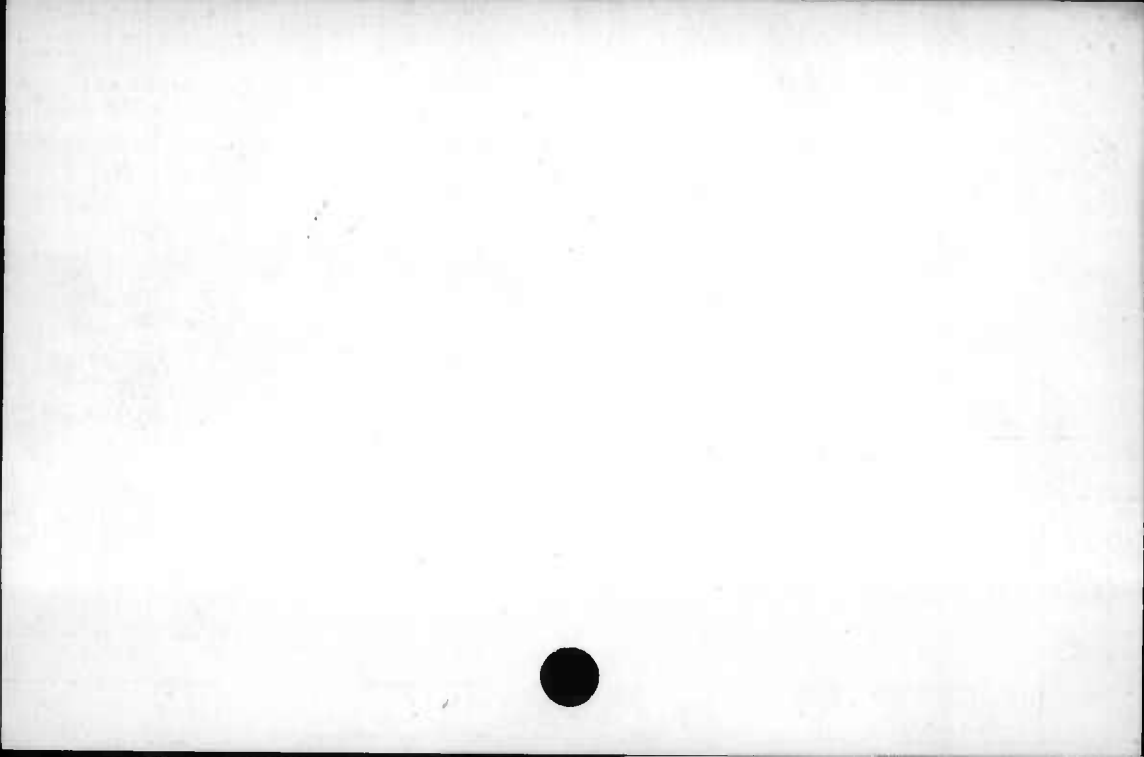
MARYLAND

Died at <i>Dorton</i>		County <i>Balto</i>			
Date of death <i>1906</i>	Month <i>8</i>	Day <i>12</i>	Age <i>35</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balto Co</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>205 S. Clinton St.</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>William A. Milke</i>				
Father's Name <i>George Wietzman</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Not known</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>William A. Milke</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>24 hours</i>
Immediate <i>Exhaustion</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Jas. L. Quax</i>
	Address <i>3. and 2ough.</i>
Accident or Suicide? <i>No</i>	<i>Hightstown Ind</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		John Miller		County		Baltimore		E Federal St Apt		MARYLAND	
Date of death		1906		Month		Aug		Day		11	
Age		Years		Months		10		Days		12	
Sex		Male		Color or Race		White		Birthplace		New York	
Occupation		Engineer		Where Residing if not at place of death		E Federal St Apt					
Married, Single or Widowed		Single		Name of Wife or Husband							
Father's Name		Richard Miller		Father's Birthplace		Carmel Co					
Mother's Maiden Name		Mary Connelley		Mother's Birthplace		Ireland					
Name of person giving information		Mary Connelley		How related to deceased		Mother					

CAUSES OF DEATH

Primary	Enterocolitis	How long	? 3 week
Immediate	inflammation	How long	—
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Harry C. Alger	
Address		340 R. L. Lane Baltimore	
Accident or Suicide?			

A. S. Marshall

3539 Fall Road

Aug 13-06

St Mary Cemetery Baltimore City

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Perry Hall</i> Town		<i>Baels</i> County		MARYLAND	
Date of death	<i>1906</i>	Month <i>Aug</i>	Day <i>7</i>	Age <i>53</i>	Months <i>8</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Europe</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>/</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Henry Mohr</i>				
Father's Name <i>Peter Ackerman</i>	Father's Birthplace <i>Europe</i>				
Mother's Maiden Name <i>Catharina Roos</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Henry Mohr</i>	<i>UX</i>		How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>1 Mitral Insufficiency, Cerebral Hemorrhage</i>	How long <i>(2) Several years</i>
Immediate <i>Failure of Vital Forces</i>	How long <i>Several days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Leigand Whitford</i>
<i>Robert J. knowledge</i>	Address <i>Fulcrum, Md.</i>
Accident or Suicide? <i>/</i>	

St Josephs,

Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Baltimore</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	<u>1906 Aug.</u> ^{Month}	<u>9</u> ^{Day}	Age <u>20</u> ^{Years}	<u> </u> ^{Months}	<u> </u> ^{Days}
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>va</u>		
Occupation <u> </u>			Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u>single</u>		Name of Wife or Husband <u> </u>			
Father's Name <u>Robert M. Mory</u>		Fether's Birthplace <u>va</u>			
Mother's Maiden Name <u>Mrs</u>		Mother's Birthplace <u>va</u>			
Name of person giving information <u>Dr. D. O. Clements</u>		How related to deceased <u>friend</u>			

CAUSES OF DEATH

Primary <u>Drowning</u>	How long <u>17 1/2</u>
Immediate <u> </u>	How long <u> </u>

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

Accident or Suicide?

AccidentP. D. Dunningan
203 Front St
Baltimore



Name
in
Full

Thomas Nee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Baltimore Town		Baltimore County		MARYLAND	
Date of death 1906	Month aug	Day 6	Age 28 Years	Months —	Days —
Sex Male	Color or Race white		Birth-place Mary land.		
Occupation Telephone Engineer			Where Residing if not at place of death		
Married, Single or Widowed Married		Name of Wife or Husband			
Father's Name Wm. Nee			Father's Birthplace Ireland		
Mother's Maiden Name Bridget —			Mother's Birthplace "		
Name of person giving information Joe R. Wm			How related to deceased Friend.		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis.	How long our year
& exhaustion	How long —
Immediate	
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. W. Shaw
	Address St. Agnes Hospital City.
Accident or Suicide?	



Name
in
Full

Maud Nise

8/3/VII

CERTIFICATE OF DEATH

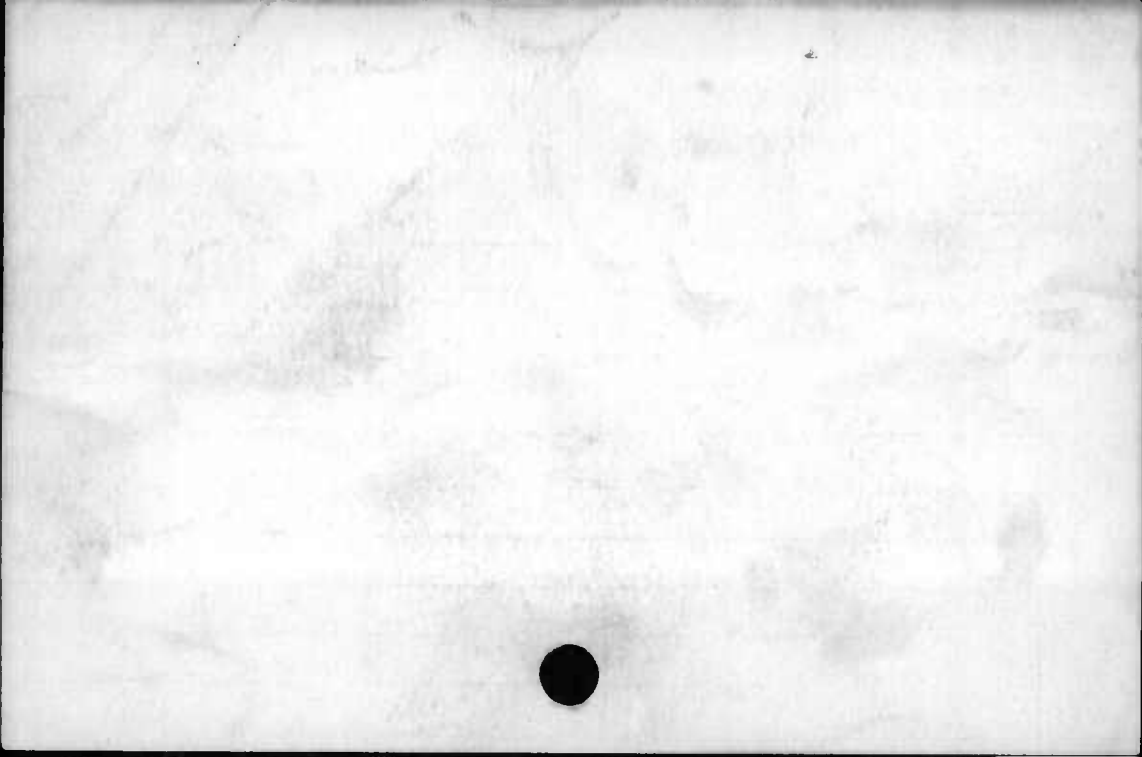
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Walters</u> ^{Town}		<u>Baer</u> ^{County}		MARYLAND	
Date of death	<u>1906</u>	<u>Aug</u> ^{Month}	<u>23</u> ^{Day}	Age <u>23</u> ^{Years}	<u>—</u> ^{Months}
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Ind</u>
Occupation	<u>—</u>				
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>Wm Nise</u>		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <u>—</u>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Shock & Hemorrhage</u>		How long	<u>Following</u>
Immediate	<u>pistol shot</u>		How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address	
		<u>C. J. Meace</u>	<u>Crossville</u>	
Accident or Suicide? <u>Homicidal</u>				



Name
in
Full

CERTIFICATE OF DEATH

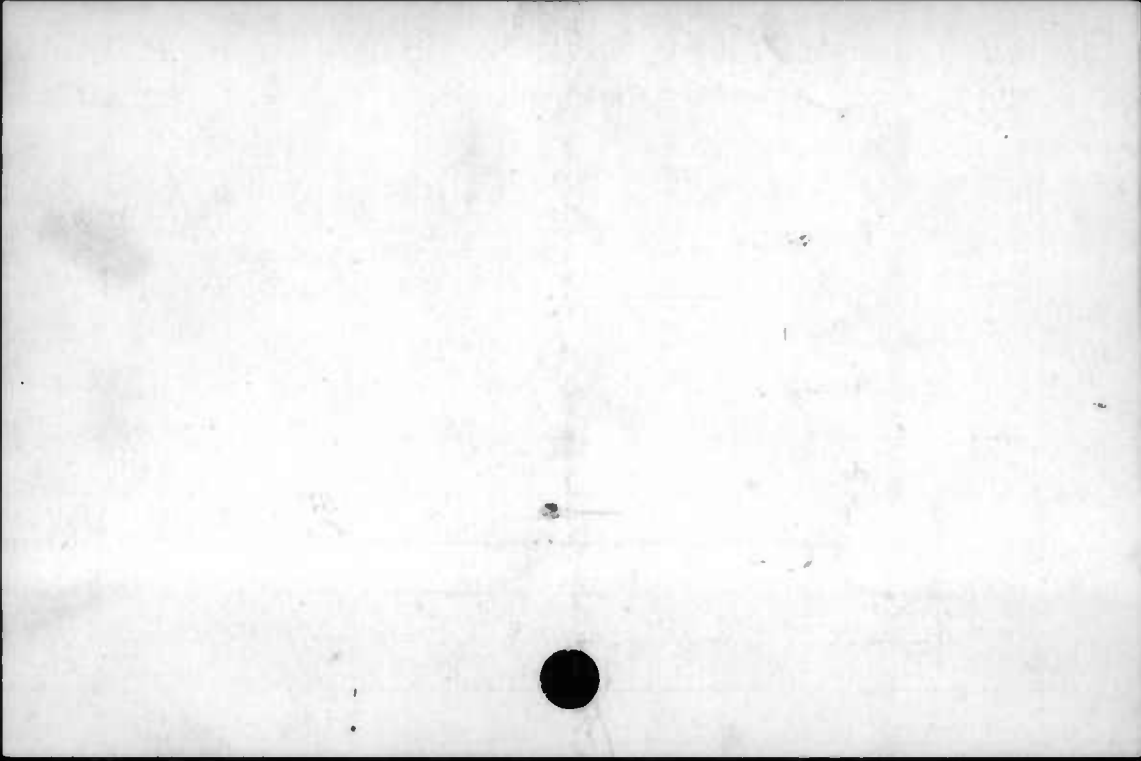
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John Polan</i>		Town <i>Baltimore Co.</i>		County <i>Baltimore Co.</i>		MARYLAND					
Died at		Month <i>August</i>		Day <i>30</i>		Age <i>50</i>		Months <i>8</i>		Days <i>—</i>	
Date of death <i>1906</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>New York.</i>					
Occupation <i>Labourer.</i>		Where Residing if not at place of death									
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>1522 Canton Ave Baltimore City</i>									
Father's Name <i>—</i>		Father's Birthplace <i>—</i>									
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>									
Name of person giving In formation <i>Bridget Shields</i>		How related to deceased <i>none.</i>									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>Four months</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>David A. Thompson, Jr.</i>
	Address <i>1500 Highlands Ave. Baltimore Co Md (Corner)</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Susan Eleanor Troppenberger

CERTIFICATE OF DEATH

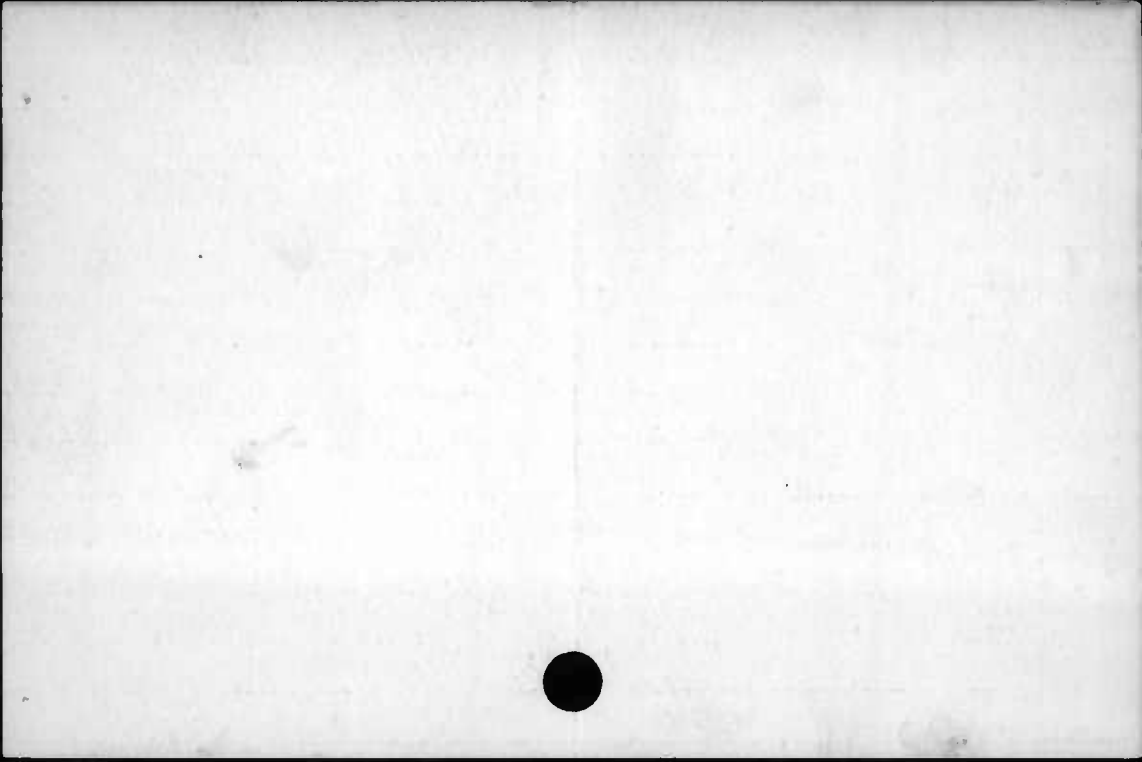
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cockeysville		County Baltimore		MARYLAND	
Date of death 190		6	Month 8	Day 22	Age X	Years 7	Months 8
Sex Female		Color or Race White		Birth- place Cockeysville			
Married , Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name Chas B Troppenberger				Father's Birthplace Balti Co			
Mother's Maiden Name Catherine E. Brogen				Mother's Birthplace Balti Co			
Name of person giving In formation Catherine E Troppenberger				How related to deceased Mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Congenital Malformation, Heart		How long	From birth
Immediate	Drowning		How long	2 months
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician W. B. B. Brown	
			Address Cockeysville, Md	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Lydia E Osborne

Town

Died at

Towson

Balto

County

MARYLAND

Date

1906

Month

Aug

Day

24

Age

Years

41

Months

9

Days

Sex

Female

Color or
Race

white

Birth-
place

Balto Co

Occupation

House wife

Where Residing if not
at place of death

Towson

Married, Single
or Widowed

married

Name of Wife or
Husband

Joseph J. Osborne

Father's
Name

Jacob Greaser

Father's
Birthplace

Balto Co

Mother's
Maiden Name

Matilda Frederick

Mother's
Birthplace

Balto Co

Name of person giving
In formation

Joseph J. Osborne

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

18 months

Immediate

Tuberculosis

How long

18 months

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Dr. B. P. Benson

Address

Lynchville Md

Accident or Suicide?

John Burns Sons
Towson

May's Carriage
chestnut

Ridge
Balto. Co

Name
in
Full

William H Owen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catonsville</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month <i>Aug</i>	Day <i>2</i>	Age <i>64</i>	Years <i>9</i> Months <i>11</i> Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Occupation <i>Solicitor</i>	Where Residing If not at place of death <i>33 Melvin Ave Catonsville</i>				
Married, Single or Widowed	Name of Wife or Husband <i>Rose, C.</i>				
Father's Name <i>Thomas Owen</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Malida C. Goldsborough</i>	Mother's Birthplace <i>do</i>				
Name of person giving information <i>Mc Owen</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

Primary	<i>Carcinoma of spleen & intestines</i>	How long <i>about 1 year</i>
Immediate	<i>Asthma</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>D. M. Stultz M.D.</i>
		Address <i>Catonsville Md.</i>
Accident or Suicide?		



Name
in
Full

Antonio Poparotic

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Birmingham Farm</i>		County <i>Balto</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>5</i>	Day <i>21st</i>	Age <i>29</i>	Months <i></i> Days <i></i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Italy</i>		
Occupation <i>Labourer</i>	Where Residing if not at place of death <i>Same</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name	Father's Birthplace <i>Italy</i>				
Mother's Maiden Name	Mother's Birthplace <i>Italy</i>				
Name of person giving information <i>Jno Arlando</i>	How related to deceased <i>nme</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Malaria</i>	How long <i>56</i> days
Immediate <i>alcoholism</i>	How long <i>8 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>T. M. Passall, M.D.</i>
	Address <i>Sparrows Point Md</i>
Accident or Suicide?	



Name
in
Full

Martha A. Parker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Coram</i>		Town <i>Barth</i>		County		MARYLAND	
Date of death	1906	Month	Aug	Day	4	Age	62
Sex	Female	Color or Race	White	Birth-place	Mass.		
Occupation	School Teacher			Where Residing if not at place of death	Northboro Mass.		
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	John B. Parker				Father's Birthplace	Mass	
Mother's Maiden Name	Martha Parker				Mother's Birthplace	N. Hampshire	
Name of person giving information	Mr. Parker				How related to deceased	brother.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Post-operative Insanity.	How long	4 weeks
Immediate	Coma.	How long	4 days.
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		E. H. [Signature]	
Address		S. 18. Barth Ma	
Accident or Suicide?			

Wm Cook

New York branch
dears

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Oleria Jane Patterson</i>		Town <i>Catonville</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Catonville</i>		Month <i>August</i>		Day <i>11th</i>		Years <i>79</i>	
Date of death <i>1900</i>		Month <i>August</i>		Day <i>11th</i>		Years <i>79</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Baltimore</i>		Months <i>1</i>	
Occupation _____		Where Residing if not at place of death <i>334 E. 2nd St. Mt</i>		Days _____			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>James Patterson - deceased</i>		Fether's Birthplace <i>Baltimore</i>			
Father's Name <i>Charles Purnell</i>				Mother's Birthplace <i>Baltimore</i>			
Mother's Maiden Name <i>Hannah Richards</i>				How related to deceased <i>No relation</i>			
Name of person giving information <i>Anna E. James</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>General Anaemia</i>	How long	<i>5 yrs.</i>
Immediate	<i>Senile Decay.</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>Henry B. Whitely</i>	
<i>Dr. H. H. H. H. H.</i>		Address <i>Coroner</i>	
Accident or Suicide? <i>Sunday Officer</i>		<i>Catonville, Md.</i>	

Geoff Smith.

Patterson
P L.

983 4 Mt 2

General Amnesia
Jenik, Decay,

Name
in
Full

Hinkle Pearce

CERTIFICATE OF DEATH

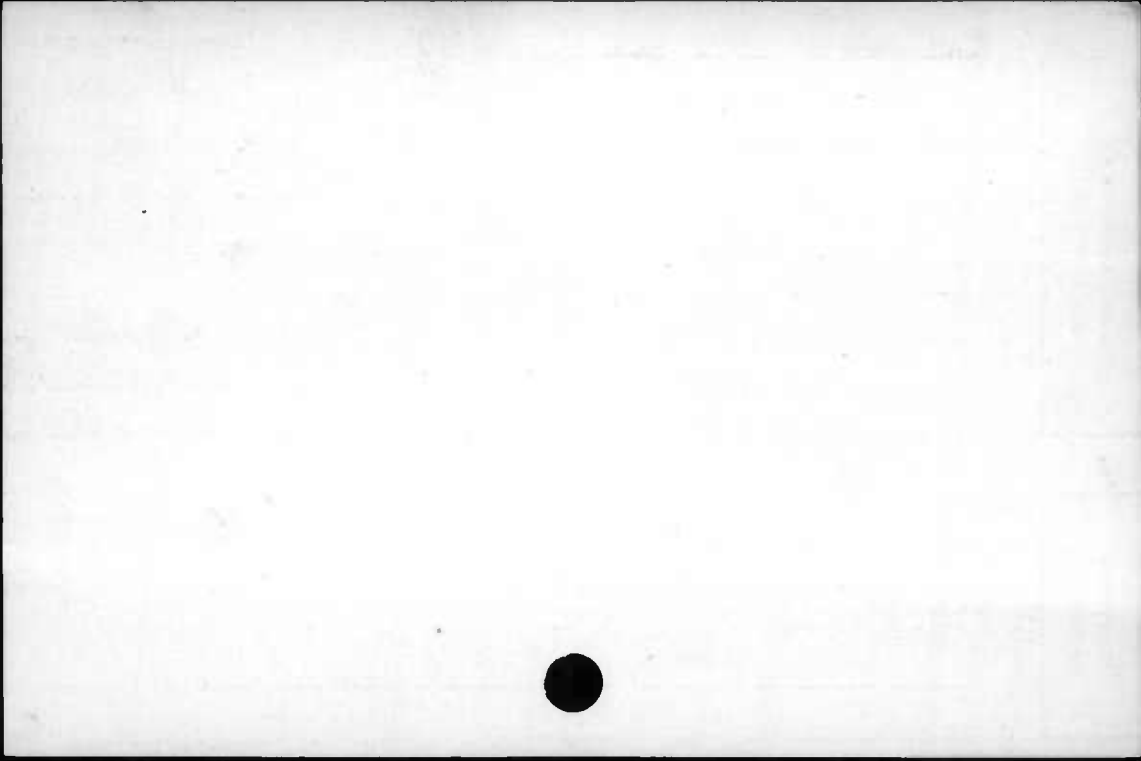
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Phoenix</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	<i>Aug</i> ^{Month}	<i>17</i> ^{Day}	Age <i>15</i> ^{Years}	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>St James</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Leot Pearce</i>			Father's Birthplace <i>Balto Co</i>		
Mother's Maiden Name <i>Mary Snider</i>			Mother's Birthplace		
Name of person giving information <i>John Turnbaugh</i>			How related to deceased <i>No Relation</i>		

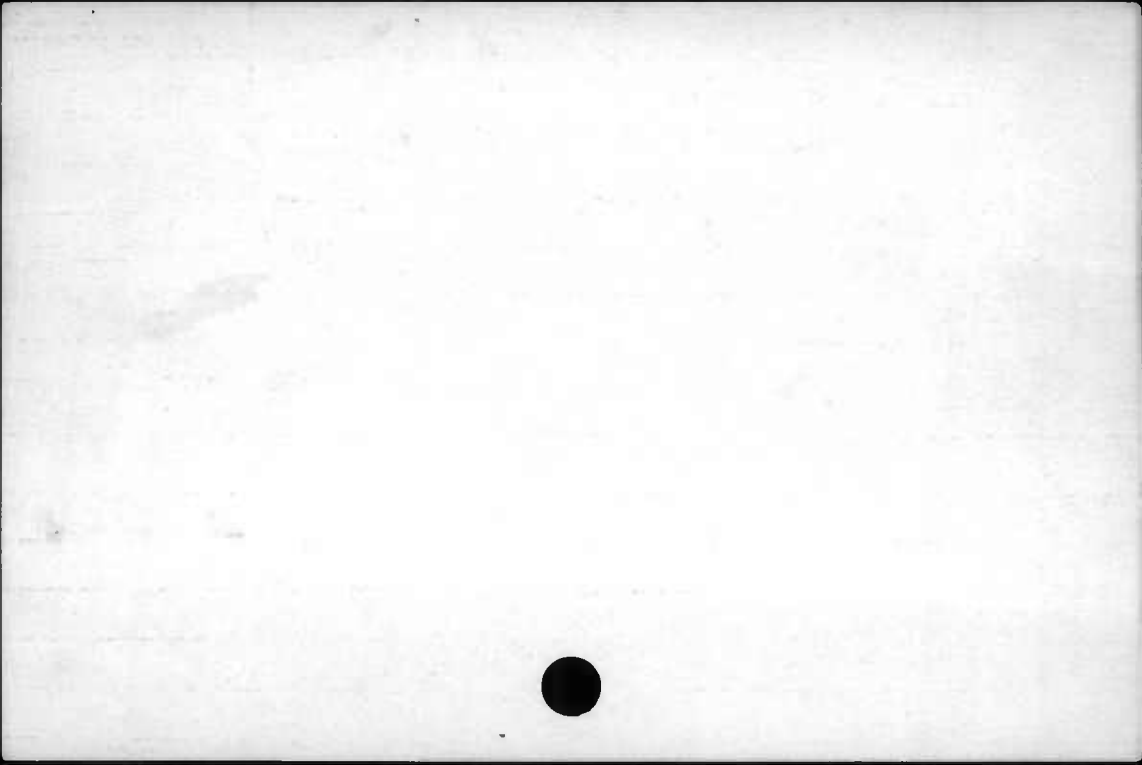
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>17 Days</i>
Immediate <i>Heart failure</i>	How long <i>10 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>V. T. Payne M.D.</i>
<i>Yes</i>	Address <i>Phoenix Balto Co Md</i>
Accident or Suicide?	



Name in Full Ann Lillie Pelka		Town Patchsville		County Balls		CERTIFICATE OF DEATH	
Died at		Date of death		Age		Months	
		1906 Aug 17		1806 30		6 19	
Sex		Color or Race		Birthplace			
Female		White		Canall Co			
Occupation		Where Residing If not at place of death					
Home wife		—					
Married, Single or Widowed		Name of Wife or Husband					
Widow		Walter Pelka					
Father's Name		Father's Birthplace					
Michael Lillie		Md					
Mother's Maiden Name		Mother's Birthplace					
Susanna Goodman		Md					
Name of person giving information		How related to deceased					
Samuel Lillie		Brother					
CAUSES OF DEATH							
Primary		How long					
Pulmonary Tuberculosis		6 months					
Immediate		How long					
Dysentery		6 weeks					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
Yes		A. C. Smith					
		Address					
		Woodburn Sta					
Accident or Suicide?							
—							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Joseph Taylor Phelps* County *Balto*

Died at *Lickeyville* Town *Lickeyville* MARYLAND

Date of death *1906 Aug 21* Months *60* Days *60*

Sex *Male* Color or Race *White* Birthplace *Md*

Occupation *Machinist* Where Residing if not at place of death ☒

Married, Single or Widowed *Widower* Name of Wife or Husband

Father's Name *Samuel Phelps* Father's Birthplace *Md*

Mother's Maiden Name *Not Known* Mother's Birthplace *—*

Name of person giving information *Geo E Rogers* How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Senile Dementia* How long *54* 1 year

Immediate *Urinary Inefficiency* How long *months*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *A. C. Smith*

Address *Woodlawn St*

Accident or Suicide? *—* *Md.*

Woodlawn Cmn
Jos B. Cook,

Name
in
Full

Oliver P. Plain

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lochraven</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u>	<u>Aug</u> <small>Month</small>	<u>26</u> <small>Day</small>	Age <u>about 17 years</u>	<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>male</u>	Color or Race <u>White</u>	Birth-place <u>—</u>			
Occupation <u>laborer</u>	Where Residing if not at place of death <u>66 Falls Road</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Samuel O. Plain</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Elizabeth Shimmer</u>	Mother's Birthplace <u>—</u>				
Name of person giving information <u>Jacob Lehigh</u>	How related to deceased <u>Brother-in-law</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Drowning</u>	<div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; font-size: 40px;">172</div>	How long <u>—</u>
Immediate <u>asphyxiation</u>		How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>A. C. Macaulay M.D.</u>	Address <u>actg. coroner.</u>
Accident or Suicide? <u>Accident</u>		

Mrs E. Lhensworth
+ Son

St Marys Hampshire

Glains -

Lined at 161 Gall Road

City
near Hampshire Reservoir

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Loch Raven* ^{Town}*Baltimore* ^{County}

MARYLAND

Date
of death *1906*Month
*8*Day
*3*Age
— YearsMonths
*—*Days
*8*Sex *Male*Color or
Race *White*Birth-
place *Loch Raven*Occupation
*—*Where Residing if not
at place of death
*—*Married, Single
or Widowed *—*Name of Wife or
Husband *—*Father's
Name *Charles William Popp*Father's
Birthplace *Balto. Co.*Mother's
Maiden Name *Josephine Braun*Mother's
Birthplace *Balto Co.*Name of person giving
In formation *Chas. W. Popp*How related
to deceased *Father*

CAUSES OF DEATH

Primary

*Intussusception of Bowel*How long
—

Immediate

*Exhaustion*How long
*—*Are the name, age, sex, color, date
and place correctly given above? *Yes*Signature of
Physician*Wm G. S. Whitford*

Address

*Parkville, Ind.*Accident or Suicide? *—*

Miss Cemetery

Name
in
Full

Victor Poudsbard

CERTIFICATE OF DEATH

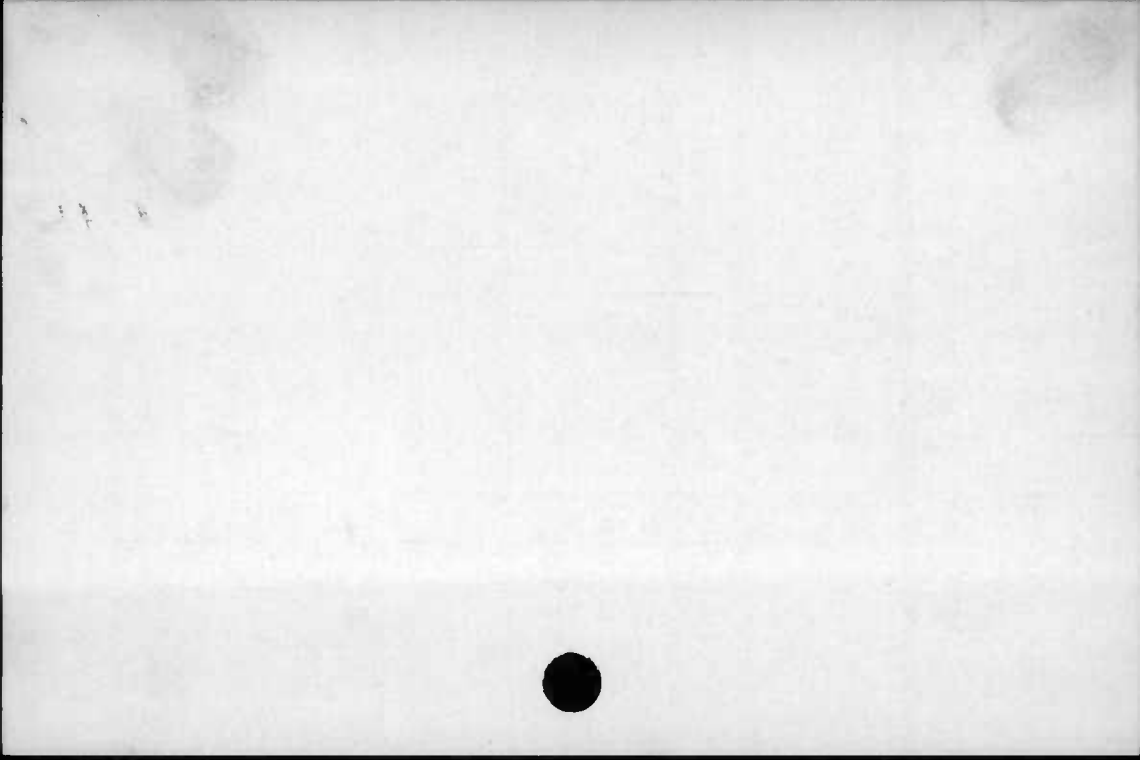
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mt Hope Retreat		County Baltimore		MARYLAND	
Date of death	1906	Month Aug	Day 11	Age	36	Years	Months unknown
Sex	Male		Color or Race	White		Birth- place	Lepus France
Occupation	none			Where Residing in at place of death W. Hoboken N. J.			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	unknown					Father's Birthplace	unknown
Mother's Maiden Name	" "					Mother's Birthplace	
Name of person giving in formation	Recd Mt Hope Retreat					How related to deceased	Not at all

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Mania Chron	How long	over 13 yrs -
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Frank J. Flannery
		Address	Mt Hope Retreat
Accident or Suicide?			



Name
in
Full

Wilbur Porter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Elchester</u> <small>Town</small>		<u>Balto</u> <small>County</small>		MARYLAND	
Date of death 1906	Month <u>Aug</u>	Day <u>13</u>	Age <u>—</u>	Months <u>10</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Married, Single or Widowed <u>—</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>William Porter</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Mary Madden</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Mary Madden</u>			How related to deceased <u>Mother</u>		

105

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary <u>Holera Infusum</u>	How long <u>6 days</u>
Immediate <u>Exhaustion</u>	How long <u>12 hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>M. C. Stone M.D.</u>
	Address <u>Ellicott City</u>
Accident or Suicide?	



Name
in Full

William Thomas Price 8/3/18

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Monkton</u> <small>Town</small>		<u>Balto</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u> <small>Month</small> <u>Aug</u> <small>Day</small> <u>20</u> <small>Years</small> <u>73</u> <small>Months</small> <u>2</u> <small>Days</small>		Sex <u>male</u> <small>Color or Race</small> <u>White</u>		<small>Birth-place</small> <u>Balto W Md</u>	
<small>Occupation</small> <u>Farmer</u>		<small>Where Residing if not at place of death</small> <u>—</u>			
<input checked="" type="checkbox"/> Married Single		<small>Name of Wife or Husband</small> <u>Matilda S Price</u>			
<small>Father's Name</small> <u>Edward Price</u>		<small>Father's Birthplace</small> <u>Balto W Md</u>			
<small>Mother's Maiden Name</small> <u>Henriette Richardson</u>		<small>Mother's Birthplace</small> <u>" " "</u>			
<small>Name of person giving information</small> <u>Beatrice Price</u>		<small>How related to deceased</small> <u>Daughter</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

<small>Primary</small> <u>Arterio Sclerosis</u> <u>64</u> <small>How long</small>	
<small>Immediate</small> <u>Cerebral Hemorrhage</u> <u>1 1/2 hours</u> <small>How long</small>	
<small>Are the name, age, sex, color, date and place correctly given above?</small>	<small>Signature of Physician</small> <u>T. Ross Payne</u>
	<small>Address</small> <u>Corbett / Md.</u>
<small>Accident or Suicide?</small>	



Name in Full		William Rackel				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Huglandtown	County Baltimore		MARYLAND	
	Date of death		1906	Month Aug	Day 14	Age Years	9 Months Days
	Sex		Male		Color or Race	White	
	Occupation		None		Birth-place	Germany	
					Where Residing if not at place of death		
	Married, Single or Widowed		Single		Name of Wife or Husband		
	Father's Name		Joseph Rackel		Father's Birthplace		Germany
Mother's Maiden Name		Magdalena Gugg		Mother's Birthplace		Germany	
Name of person giving information		Joseph Rackel		How related to deceased		Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Pneumonia & Gastric Catarrh			How long	
	Immediate		Cerebrum			How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes			Signature of Physician	
						Address	
	Accident or Suicide?		No			1507 E. Bay St Baltimore	

Sacred Heart Cemetery

Aug. 15th 1906

Germanus Thane

Undertaker

Name in Full		Rev. William Reeser.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town <i>Laurel</i>		County <i>Balt.</i>		State <i>MARYLAND</i>
	Date of death		Month <i>Aug.</i>	Day <i>30</i>	Years <i>91</i>	Months <i>-</i>	Days <i>-</i>
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Pa.</i>		
	Occupation <i>Minister</i>		Where Residing if not at place of death <i>Dushore, Pa.</i>				
	Married, Single or Widowed Married		Name of Wife or Husband				
	Father's Name		Father's Birthplace				
PHYSICIAN OR CORONER	Mother's Maiden Name		Mother's Birthplace				
	Name of person giving information <i>Louis Reeser.</i>		How related to deceased <i>Son.</i>				
	CAUSES OF DEATH						
	Primary <i>Enteritis</i>		How long <i>11 days</i>				
Immediate <i>Senility & Exhaustion</i>		How long					
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Frank H. Ruhl</i>					
		Address <i>Laurel</i>					
Accident or Suicide? <i>No</i>							

Wm. Reeser

Jos. Jordens & Son
Dushore

Sullivan Co.

Pa.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Jennie Resnick</i>		Town <i>Catonville</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Catonville</i>		Month <i>August</i>		Day <i>21st</i>		Years <i>26</i>	
Date of death <i>1906</i>		Month <i>August</i>		Day <i>21st</i>		Age <i>26</i>	
Sex <i>Jennie</i>		Color or Race <i>White</i>		Birth-place <i>Russia</i>			
Occupation <i>House wife</i>		Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Louis Resnick</i>					
Father's Name <i>Samuel Schir</i>		Father's Birthplace <i>Russia</i>					
Mother's Maiden Name		Mother's Birthplace <i>Russia</i>					
Name of person giving information <i>Louis Resnick</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>Three years</i>
Immediate <i>St. Franciscan</i>	How long-- <i>Two months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. Magill</i>
	Address <i>Catonville</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Billa Marie Rhoten

CERTIFICATE OF DEATH

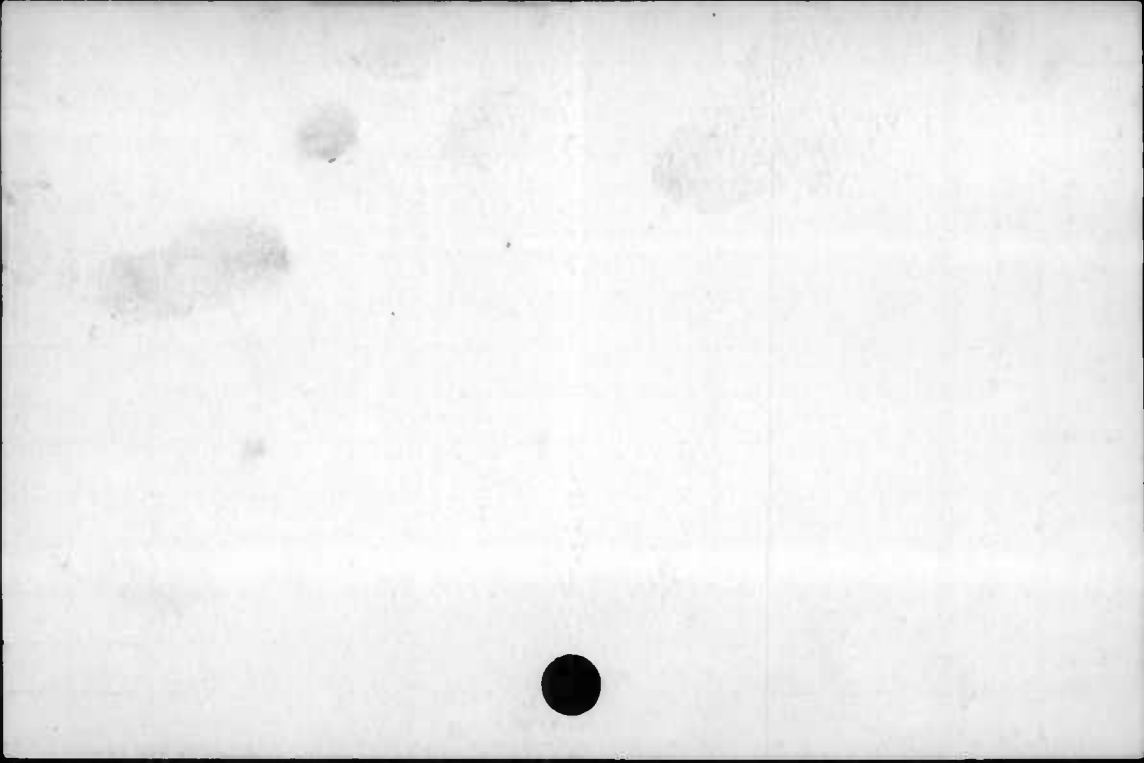
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Trenton</i>		Town		<i>Balls</i>		County <i>C.</i>		MARYLAND	
Date of death 1906	Month <i>Aug</i>	Day <i>5</i>	Age	Years	Months <i>6</i>	Days <i>10</i>			
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Trenton</i>						
Married, Single or Widowed			Occupation						
Name of Wife or Husband									
Father's Name <i>Frank Rhoten</i>						Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Elisabeth Bonine</i>						Mother's Birthplace " "			
Name of person giving In formation <i>Bud Tracy</i>						How related to deceased <i>Neighbor</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Diarrhoea</i>	How long
Immediate		How long <i>1 Week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. H. Wilson M.D.</i>
		Address <i>Frostburg</i>
Accident or Suicide?		<i>Baltimore - Co. Md.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full John Roseengam		Town Rosedale		County Baldwin		State MARYLAND	
Died at Rosedale		Date of death 1906 Aug 4		Age 1 Years 1 Months 1 Days			
Sex Male		Color or Race White		Birthplace Ind			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name John Roseengam				Father's Birthplace Ind			
Mother's Maiden Name Minnie Friend				Mother's Birthplace Ind			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Dietary		How long 1 mo	
Immediate 151		How long 1 mo	
Are the name, age, sex, color, date and place correctly given above? Y		Signature of Physician Quinn	
		Address Rosedale Ind	
Accident or Suicide?			

Howard's Cemetery.

Name
in
Full

Leonard Rumble

CERTIFICATE OF DEATH

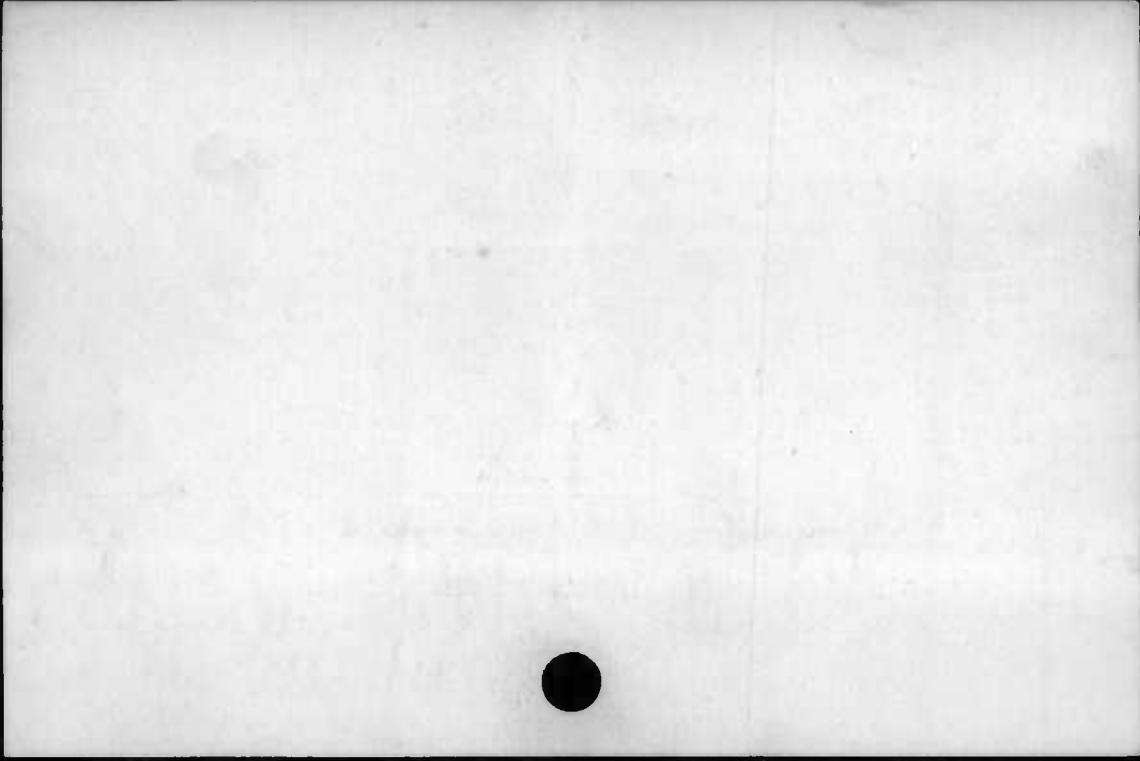
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sprains Point</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death <i>1906 Aug. 7</i>		Age <i>1</i> Years		Months <i>6</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Sprains Point</i>		
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed		Name of Wife or Husband <i>—</i>			
Father's Name <i>J. E. Rumble</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Hannie Rumble</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>J. E. Rumble</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

Primary	<i>Enterocolitis</i>	How long	<i>105</i>
Immediate	<i>Exhaustion</i>	How long	<i>18 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. C. Steward</i>	
<i>Yes</i>		Address <i>Sprains Point</i>	
Accident or Suicide? <i>—</i>			

PHYSICIAN
OR CORONER



Name In Full <i>Mary Anna Ryan</i>		CERTIFICATE OF DEATH			
Died at <i>apt corner of Baltimore</i>		TOWN <i>Baltimore</i> COUNTY			
Date of death <i>1909 Aug 28</i>		Month <i>Aug</i>		Day <i>28</i>	
Age <i>20 or more</i>		Years <i>20</i>		Months <i>or more</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Ireland</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>_____</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>_____</i>			
Father's Name <i>_____</i>		Father's Birthplace <i>_____</i>			
Mother's Maiden Name <i>_____</i>		Mother's Birthplace <i>_____</i>			
Name of person giving information <i>Mrs. Riester</i>		How related to deceased <i>none</i>			
CAUSES OF DEATH					
Primary <i>Dropsy and Endocarditis</i>		How long <i>6 months</i>			
Immediate <i>Edema of lung and heart.</i>		How long <i>24 hrs.</i>			
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R. V. Blann</i>			
		Address <i>1111 Winans Rd</i>			
Accident or Suicide? <i>_____</i>					

Col. Brooke
Pikes River

Name in Full		Margaret Sampson				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at Town		County		MARYLAND			
		Maryland		Baltimore					
		Date of death	1906	Month	8	Day	20	Age	89
						Years		Months	1
								Days	6
		Sex	Female		Color or Race	white		Birth place	Baltimore city
		Occupation	Housekeeper			Where Residing if not at place of death			
Married, Single or Widowed		Widowed		Name of Wife or Husband		Eli Sampson			
Father's Name		Isaac Hendrix				Father's Birthplace		Baltimore	
Mother's Maiden Name		Margaret Sunwalt				Mother's Birthplace		Baltimore	
Name of person giving information		Hanna Sampson				How related to deceased		Daughter	
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		Old age & injured limb		How long		18 months	
		Immediate		Exhaustion		How long		3 days -	
		Are the name, age, sex, color, data and place correctly given above?		yes		Signature of Physician		Daniel V Moyer	
				Address		Maryland			
Accident or Suicide?									



Mary Schemming

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Highlandtown</u> ^{Town}		<u>Balto.</u> ^{County}		MARYLAND	
Date of death	<u>1906</u> ^{Month}	<u>8</u> ^{Day}	<u>4</u> ^{Years}	Age	<u>51</u> ^{Months}
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Germany</u>
Occupation	<u>Housework</u>		Where Residing if not at place of death <u>1513 - First St.</u>		
Married, Single or Widowed	<u>Widow</u>	Name of Wife or Husband	<u>Henry Schemming</u>		
Father's Name	<u>~</u>			Father's Birthplace	<u>~</u>
Mother's Maiden Name	<u>~</u>			Mother's Birthplace	<u>~</u>
Name of person giving information	<u>Wm Schemming</u>			How related to deceased	<u>Son</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Lymphatic Gland</u>	How long	<u>aw mark</u>
Immediate	<u>Heart Failure</u>	How long	<u>~</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Haumanent Roman</u>	
<u>Yes</u>		Address <u>1830 E. Baltimore St</u> <u>Baltimore Md</u>	
Accident or Suicide?		<u>No</u>	

Secret Heart Linn.
J. Mering & Son
8/7/66

Theodore W Sharp

Town

County

Baltimore

Died at

Towson

MARYLAND

Date	1906	Month	Aug	Day	22	Age	5 months	Native of	Maryland	Occupation
Male		White		Married		Widow		Divorced		
Female		Colored		Single		Widower		Number of children living		

Husband
of

Wife

Father's

Name

Leroy Dixie

Mother's

Maiden Name

Beulah Sharp

Cause of

Primary

Cholera, infantile

Death

Immediate

enteritis

How long sick

one month

Accident, Suicide, Homicide

Reported by

L. H. Barrett M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

John Burns Sons
Towson

Colred Cem. Sandy
Bottom

Name
in
Full

CERTIFICATE OF DEATH

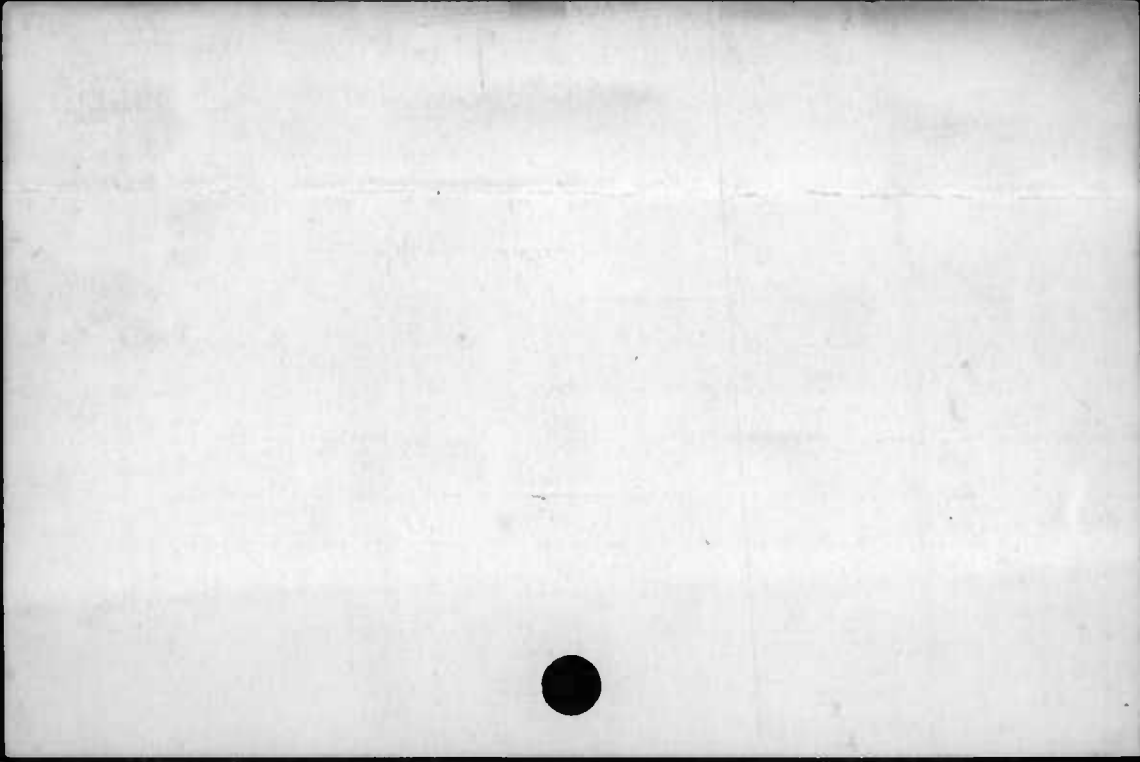
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Beckwith</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND		
Date of death <i>1906</i>		Month <i>Aug</i>	Day <i>20</i>	Years <i>ago</i>	Months <i>2</i>	Days <i>3</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Beckwith</i>		
Occupation _____			Where Residing if not at place of death _____			
Married, Single or Widowed _____			Name of Wife or Husband _____			
Father's Name <i>Geo Shuerer</i>			Father's Birthplace <i>Grave Run</i>			
Mother's Maiden Name <i>Alberia Ingham</i>			Mother's Birthplace <i>Beckwith</i>			
Name of person giving information <i>Father & mother</i>			How related to deceased _____			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>Two months</i>
Immediate	<i>Colic & dysentery</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. H. Preslock M.D.</i>	
		Address <i>Manchester, Md.</i>	
Accident or Suicide?			



Name

in
Full

Naomi Helilah Shipley.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Barney* TownCounty *Baltimore*Date of death *1906 Aug.* MonthDay *17th*Age *12* YearsMonths *1*Days *5*Sex *Female*Color of Race *White*Birth-place *Baltimore*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Wm. H. Shipley*Father's
Birthplace*Ellicott City*Mother's
Maiden Name*Ida F. Gilland*Mother's
Birthplace*Balt? Co.*Name of person giving
In formation*Wm. H. Shipley*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

About a year.

Immediate

Are the name, age, sex, color, date
and place correctly given above?*Yes.*Signature of
Physician

Address

*W. J. Harrison
Loch Raven*

Accident or Suicide?

Entertainment

family. Cem

Corney Balto & me

Geo W. Grammer

under

Name
in
Full

Wentrop Arthur Shoemaker

CERTIFICATE OF DEATH

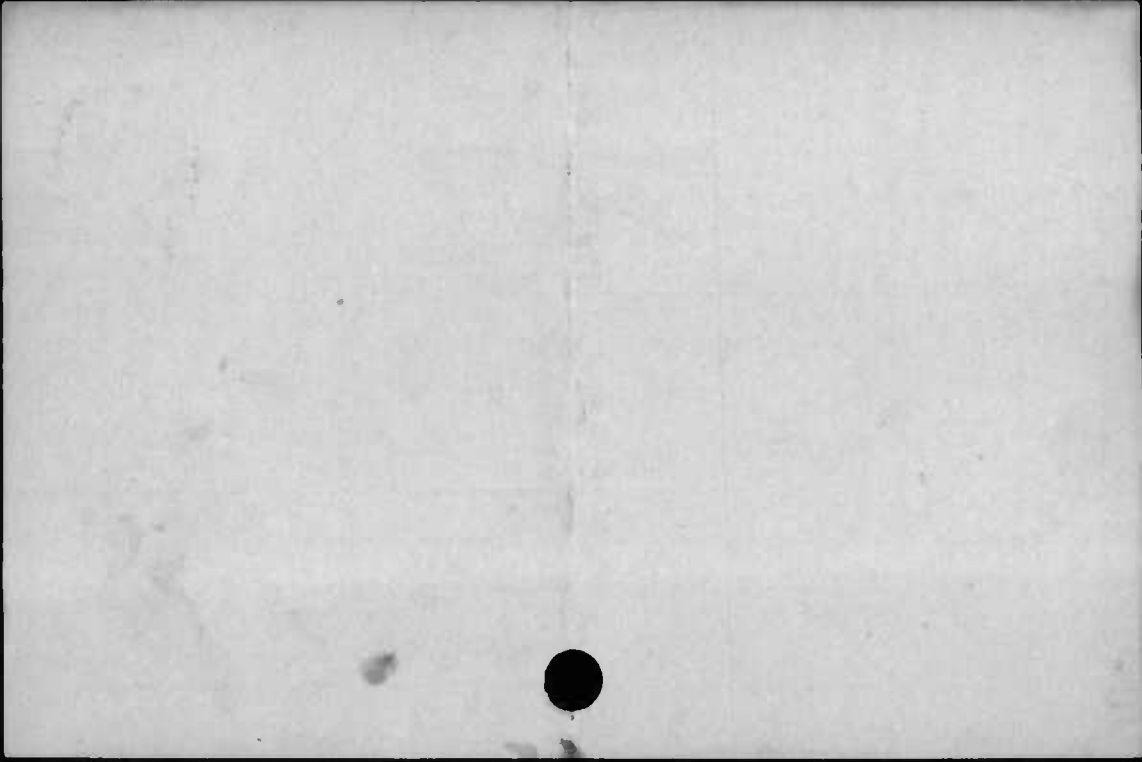
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Glyndon</i> ^{Town}			<i>Baltimore</i> ^{County}			MARYLAND	
Date of death <i>1906</i>	Month <i>aug</i>	Day <i>26</i>	Age <i>—</i>	Years <i>—</i>	Months <i>7</i>	Days <i>10</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birthplace <i>Cummings Mills Md.</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single <i>—</i> or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Wm. Arthur Shoemaker</i>				Father's Birthplace <i>Cummings Mills Md.</i>			
Mother's Maiden Name <i>Mary Olivia Kometzer</i>				Mother's Birthplace <i>Boring Md.</i>			
Name of person giving information <i>Mary O Shoemaker</i>				How related to deceased <i>mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>5 weeks</i>
Immediate <i>Dysentery Convulsions</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. Drachmond</i>
	Address <i>Butler Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Harry F. Simcoe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Walkers* TownCounty *Balt*

MARYLAND

Date
of death *1906*Month *8*Day *27*

Age

Years *—*Months *7*Days *6*

Sex

*Male*Color or
Race*White*Birth-
place*Maryland*

Occupation

*—*Where Residing if not
at place of death*—*Married, Single
or Widowed*—*Name of Wife or
Husband*—*Father's
Name*Frank Simcoe*Father's
Birthplace*Maryland*Mother's
Maiden Name*Emma McCullough*Mother's
Birthplace*Maryland*Name of person giving
In formation*Frank Simcoe*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Cholera Infantum

How long

3 days

Immediate

Meningitis

How long

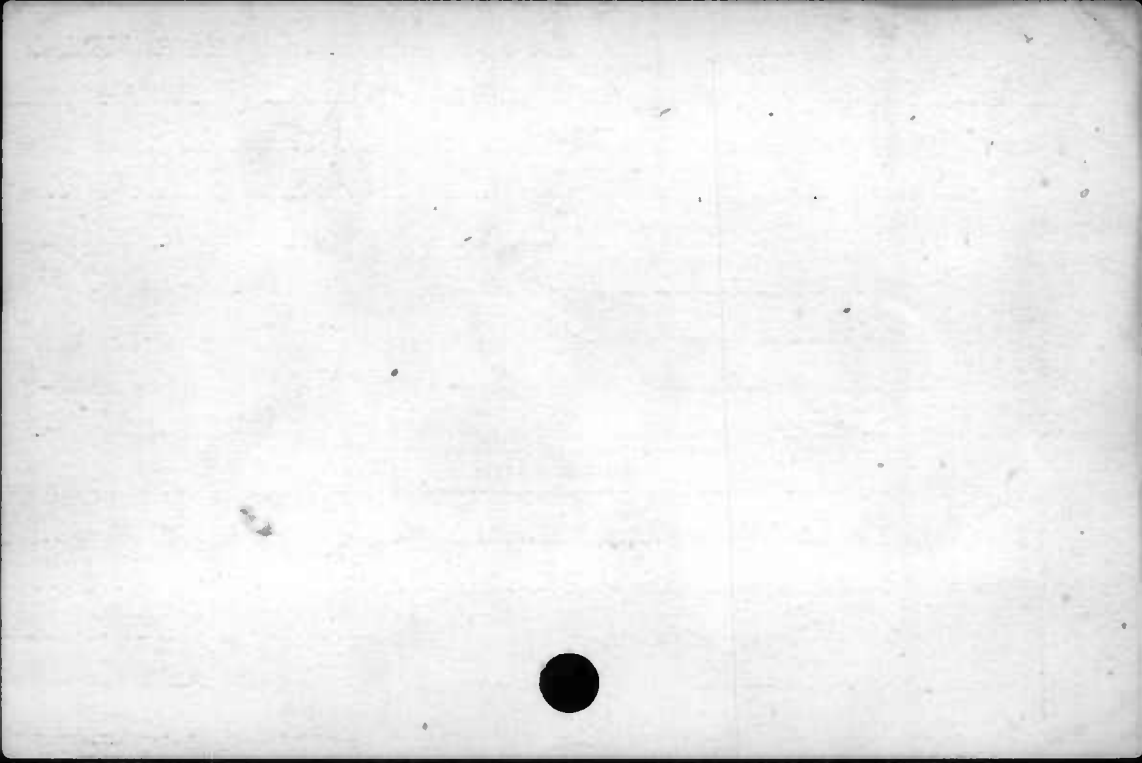
*2 days*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*R. B. Morris**Parkton**Md*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Highland</i> ^{County} <i>Baltimore</i>		MARYLAND	
Date of death <i>1906</i>	^{Month} <i>Aug.</i>	^{Day} <i>8</i>	^{Years} <i>32</i>
Sex <i>Female</i>		Color or Race <i>White</i>	Birth-place <i>Baltimore</i>
Occupation <i>None</i>		Where Residing if not at place of death <i></i>	
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Harry A. Slaughter</i>		
Father's Name <i>William Bond</i>	Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Elizabeth Grunewald</i>	Mother's Birthplace <i>Baltimore</i>		
Name of person giving information <i>Harry A. Slaughter</i>	How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute laryngitis</i>	How long <i>Three days</i>
Immediate <i>asphyxia</i>	How long <i>five hr</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. C. Burk</i>
	Address <i>2000 E. Beach St Balt. Md</i>
Accident or Suicide? <i></i>	

Oak Lawn Cem
H. Sander Son

Name
in
Full

John Adams Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Monumental Road</i>		County <i>Belt</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>8</i>	Day <i>6</i>	Age <i>—</i>	Years <i>—</i>	Months <i>6</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Belt Co</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>William J. Smith</i>		Father's Birthplace <i>Belt City</i>			
Mother's Maiden Name <i>Sadie J. Pinkerton</i>		Mother's Birthplace <i>Belt City</i>			
Name of person giving information <i>William J. Smith</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>3 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr. H. L. Miller</i>
	<i>No</i>	Address	<i>3 And 40th</i>
Accident or Suicide?	<i>No</i>		<i>Spight and Town</i>



Name
in
Full

Philip Howard Pieman Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Diad at	Town	County
Date of death	Month	Day
1906	aug	16
Age	Years	Months
1	3	1
Sex	Color or Race	Birth-place
Male	White	Tarson
Occupation	Where Residing If not at place of death	
Married, Single or Widowed	Name of Wife or Husband	
✓	✓	
Father's Name	Father's Birthplace	
Herbert A. Smith	Baltimore	
Mother's Maiden Name	Mother's Birthplace	
Elizabeth Willson Pieman	"	
Name of person giving information	How related to deceased	
Howard Pieman	Grandfather	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Centen. Carditis	How long	1 wk.
Immediate	Aphasia	How long	-
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address	
	Edw. Hocking	Sho & Baltimore	
Accident or Suicide?			

Place of Burial

Greenmount Cemetery

Baltimore Md

Aug 18 1906

Stewart Mowen

Undertakers

215 Park ave

Baltimore Md.

Name in Full		William F. Solen				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Highlandtown		County Baltimore		MARYLAND
	Date of death		1906	Month Aug.	Day 24	Age 4	Months 5 Days 16
	Sex male		Color or Race white		Birth-place Baltimore.		
	Occupation				Where Residing if not at place of death		
	Married, Single or Widowed Single		Name of Wife or Husband				
	Father's Name Nicholas Solen				Father's Birthplace Baltimore.		
	Mother's Maiden Name Elizabeth Smith				Mother's Birthplace "		
Name of person giving information Elizabeth Solen		How related to deceased Mother					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Scarlet Fever			How long 2 weeks	
	Immediate		Toxemia			How long 4 days	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician M. J. McAvoy M.D.		
					Address 839 S. Barton St.		
	Accident or Suicide?						

H Sanders & Sons

Sacramento, Cal.

Name
in
Full

Cora May Stinglee

CERTIFICATE OF DEATH

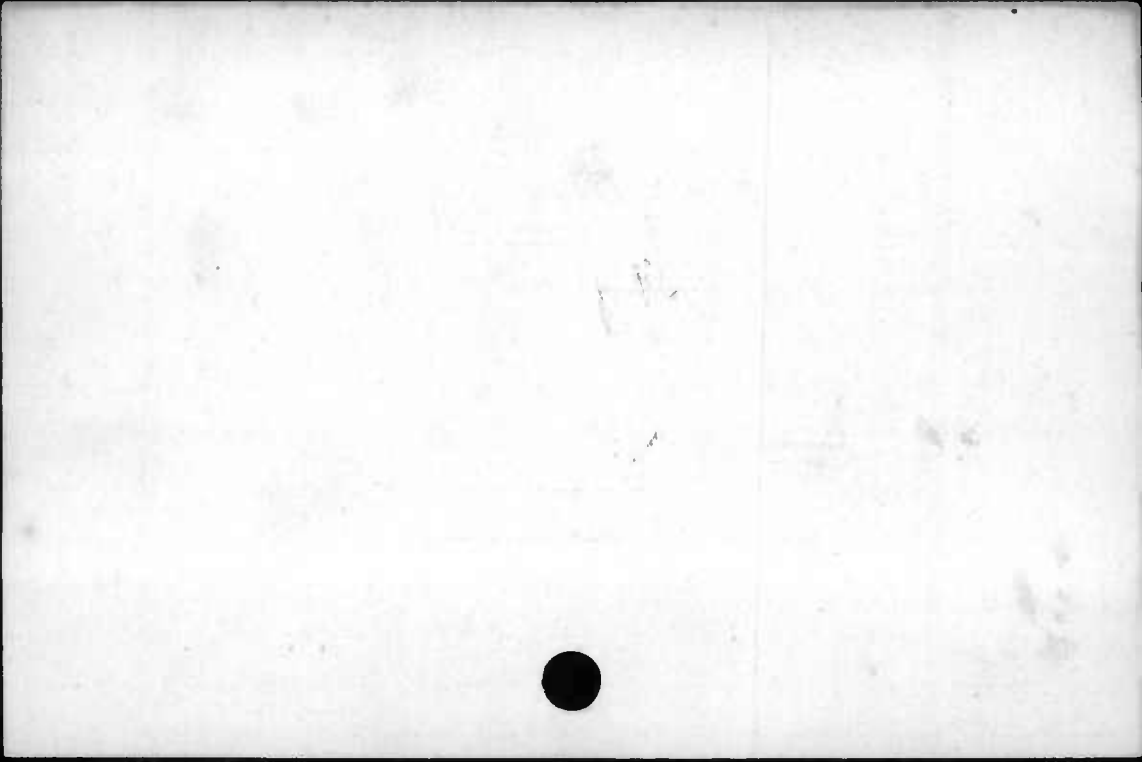
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Owings Mills</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	1906	Month	8	Day	27	Years	24
Sex	<i>F.</i>	Color or Race	<i>W.</i>			Birthplace	<i>Beeth Co.</i>
Occupation	<i>Housewife</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>William J. Stinglee</i>				
Father's Name	<i>William Harry Webb</i>					Father's Birthplace	<i>Baltimore Co.</i>
Mother's Maiden Name	<i>Molley E. West</i>					Mother's Birthplace	" "
Name of person giving information	<i>William J. Stinglee</i>					How related to deceased	<i>Husband</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pregnancy</i>	How long	<i>about 4 months</i>
Immediate	<i>Convulsion</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. H. Campbell</i>
		Address	<i>Owings Mills, Md</i>
Accident or Suicide?			



Name
in
Full

Corita H. Supplee

CERTIFICATE OF DEATH

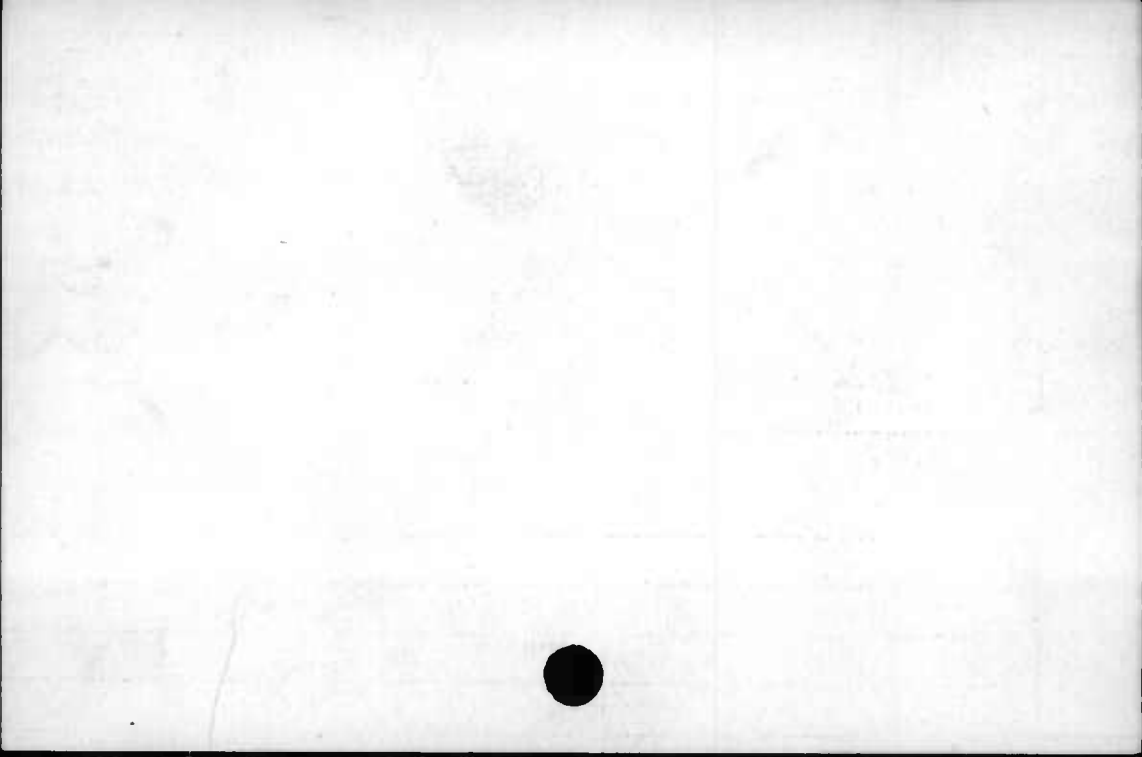
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Forest Park.</i>		Town <i>Balto.</i>		County	
Date of death	1906 Aug.	Day 3	Age —	Months 6	Days 22
Sex	Female =	Color or Race	white =	Birth-place	Balto =
Occupation	—		Where Residing if not at place of death <i>Forest Park</i>		
Married, Single or Widowed	single	Name of Wife or Husband —			
Father's Name	<i>J. Frank Supplee Jr.</i>			Father's Birthplace	<i>Balto.</i>
Mother's Maiden Name	<i>Corita M. Medear</i>			Mother's Birthplace	<i>Balto.</i>
Name of person giving information	<i>J. Frank Supplee Jr.</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>(25)</i>	How long	
Immediate	<i>Tuberculous meningitis</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Henry M. Fitch M.D.</i>
		Address	<i>211 N. Madison St.</i>
			<i>Baltimore, Md.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Catharine V. Sweets		Town		County		MARYLAND	
Died at		Cella		Balto			
Date of death 1906		Month Aug		Day 4		Age Years	
Sex Female		Color or Race White		Birth-place Maryland		Months 8 Days	
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name Samuel Sweets				Father's Birthplace Maryland			
Mother's Maiden Name Graer Gaugh				Mother's Birthplace Maryland			
Name of person giving information Samuel Sweets				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

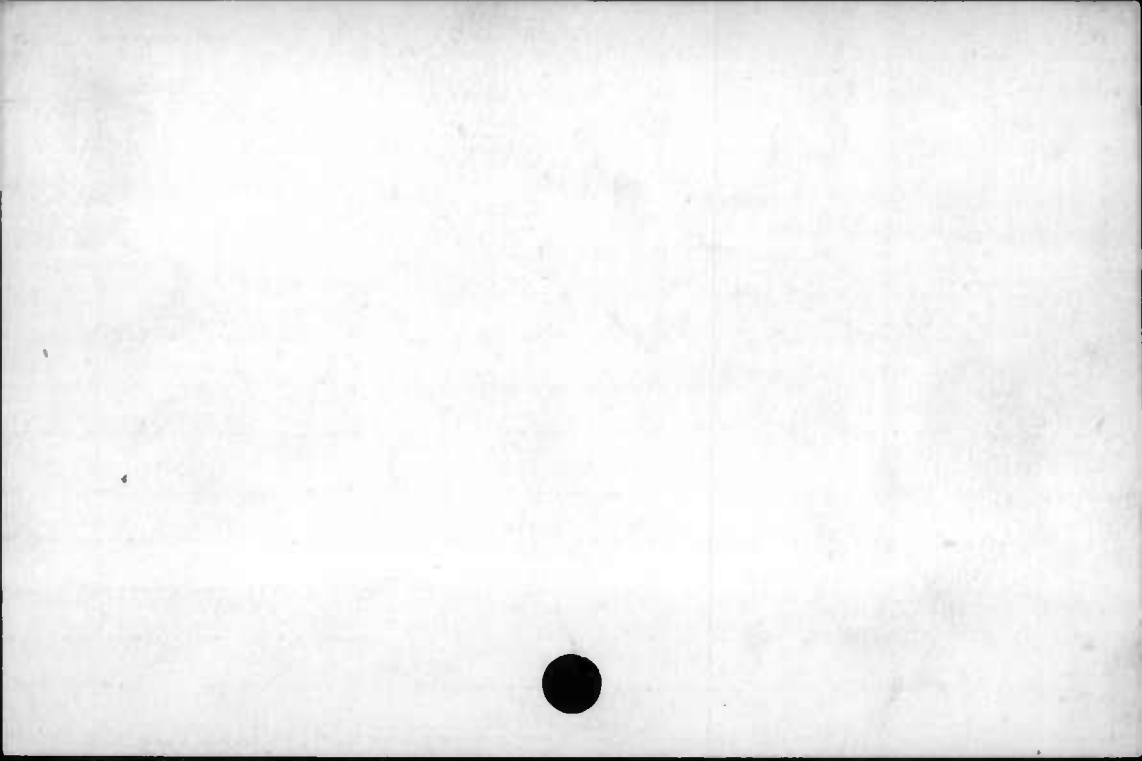
Are the name, age, sex, color, date and place correctly given above?

yes

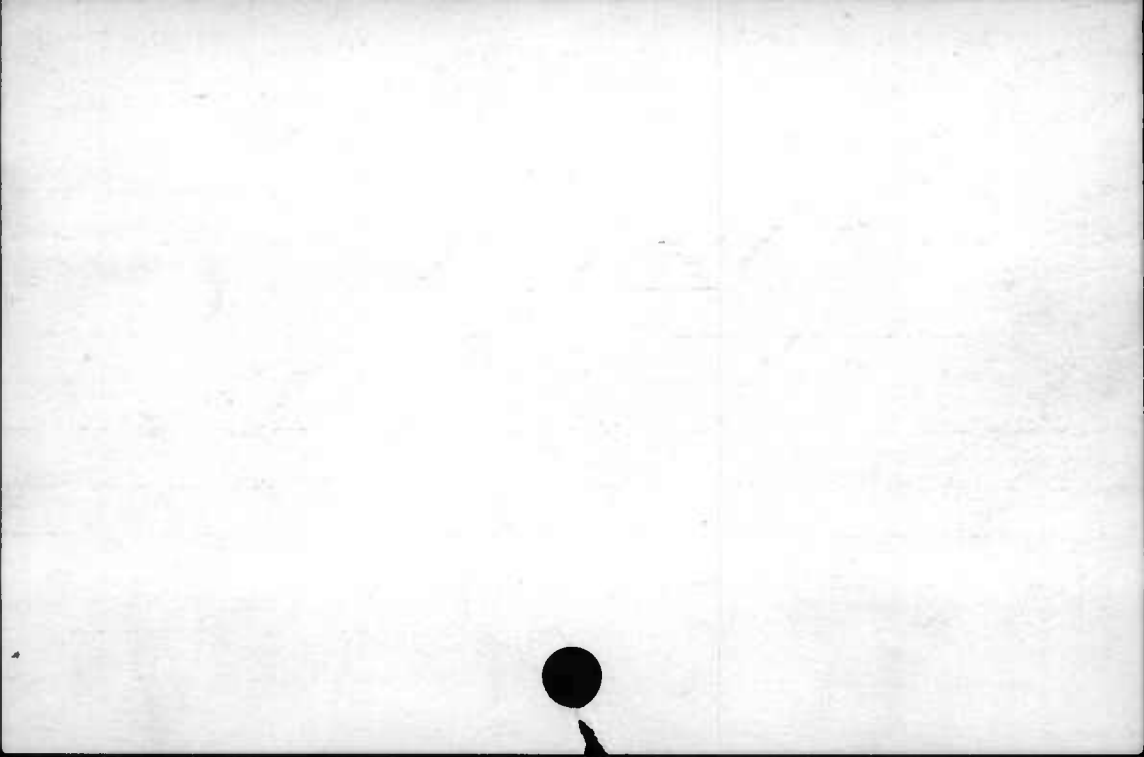
Signature of Physician

Address

Accident or Suicide?



Name in Full		William Henry Swift				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		White Hall	Baltimore		MARYLAND	
	Date of death	1906	Aug.	9	Age	71	
	Sex	Male		Color or Race	white		Birth-place
	Occupation	Carpenter		Where Residing if not at place of death			
	Married, single or widowed	Married		Name of Wife or Husband			
	James Swift		Stenetta Swift		Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information		Mellard F. Swift		How related to deceased		Son	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Acute Indigestion				How long	1 hour
	Immediate	Cardiac Arteriosclerosis				How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
	Accident or Suicide?		No		Address		
				T. Ross Payne			
				Caretaker			
				Md.			



Name
in
Full

Fredericks Tausendschoen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	Month <i>Aug.</i>	Day <i>27</i>	Age <i>55</i>	Years <i>55</i>	Months <i>5</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Occupation <i>Carpenter</i>	Where Residing if not at place of death <i>_____</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Magdalena Leunis</i>				
Father's Name <i>don't know</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>don't know</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Magdalena Tausendschoen</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>2 1/2 Wks</i>
Immediate <i>Cardiac Failure</i>	How long <i>1 Week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Dr. J. A. Gault</i>
	Address <i>41 Eastern Ave. Ed.</i>
Accident or Suicide?	

Oak Lawn
Cemetery

G. France

Aug. 30th 1906

Name
In Full

Lillian C. Tausendschoen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Leanton</i>		^{County} <i>Balto</i>		MARYLAND	
Date of death	1906	Month	Aug.	Day	6
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place	<i>Balto Co</i>
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed		Name of Wife or Husband <i>—</i>			
Father's Name <i>Fredrick Tausendschoen</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Augusta Berglund</i>		Mother's Birthplace <i>Balto City</i>			
Name of person giving information <i>Lausendschoen</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heat Exhaustion</i>	How long	<i>1 1/2 hours</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>C. N. Athey</i>	
		Address <i>2 Hudson St Sx</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

Sarah Thomas

CERTIFICATE OF DEATH

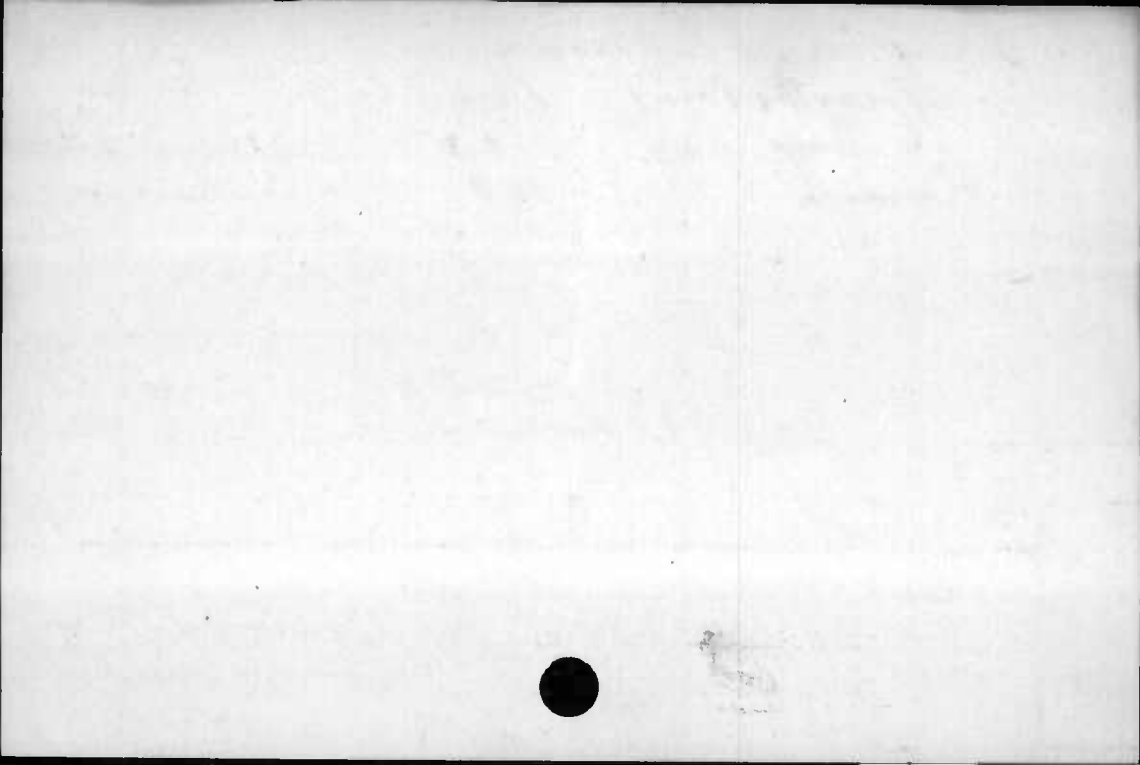
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Garrison Point		County Baltimore		MARYLAND	
Date of death		1906	Month Aug	Day 24	Years Age	45	Months Days
Sex Female		Color or Race		Negro		Birth- place	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband		Henry Thomas	
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation				J. B. Blair		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Hemorrhage	
Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician	
J. B. Blair (M.D.)	
Address	
Garrison Point Md	
Accident or Suicide?	



Name
in
Full

Analia Thomson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Towson</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death 190	<i>6</i> ^{Month} <i>Aug</i>	<i>7</i> ^{Day}	<i>29</i> ^{Years}	<i>11</i> ^{Months}	<i>23</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Switzerland</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Teacher</i>			
Name of Wife or Husband					
Father's Name <i>Francis Wm Thomson</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Eliza Wuthrich</i>			Mother's Birthplace <i>Switzerland</i>		
Name of person giving information <i>Wm Thomson</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary tuberculosis</i>	How long	<i>3 yrs</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Edwin Hopkinson</i>	
		Address <i>4 W. Franklin St.</i>	
Accident or Suicide? <i>No.</i>			

Undertaker Paul and Margaret Flynn
42 E. West St.

Place of Burial
~~St~~ Cathedral Cemetery

Name in Full

Certificate of Death

Edna M. Thornton

Town

County

Died at

Catonsville Baltimore

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date

1906 Aug 30 Age 23

~~Male~~~~White~~~~Married~~~~Widow~~

Divorced

Female

Colored

Single

~~Widower~~

Number of children living

4

Husband

of

Wife

Father's

Name

Preston Thornton

Mother's

Name

Kate Thornton

Cause of

Primary

Acute Indigestion

How long sick

12 hours

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. Whitney

Address

Catonsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>North Point</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>Aug</i>	Day <i>28</i>	Age <i>69</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Cockeysville</i>		
<u>Occupation</u>			Where Residing if not at place of death <i>North Point</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Thomas B Todd</i>				
Father's Name <i>Joshua Todd</i>	Father's Birthplace <i>Balto Co Md</i>				
Mother's Maiden Name <i>Sarah Rebecca Todd</i>	Mother's Birthplace <i>Balto Co Md</i>				
Name of person giving information <i>T B Todd</i>			How related to deceased		

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Gastric Catarrh

How long

about year

Immediate

Diarrhoea & Exhaustion

How long

4 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Worland W

Accident or Suicide?

Mr J S Woodward
Merrimack Point

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

August H. Tschorschky

Town *Highlandtown* County *Balto.*

Died at *Highlandtown*

Date of death *1906* Month *Aug* Day *18* Age *X* Years Months Days *6*

Sex *Male* Color or Race *White* Birth-place *Highlandtown*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Married* Name of Wife or Husband *Josephine Anna Tschorschky*

Father's Name *Joseph M. Tschorschky* Father's Birthplace *Germany*

Mother's Maiden Name *Anna Boshold* Mother's Birthplace *" " "*

Name of person giving information *Walter* How related to deceased _____

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Infantile Convulsions* How long *2 days*

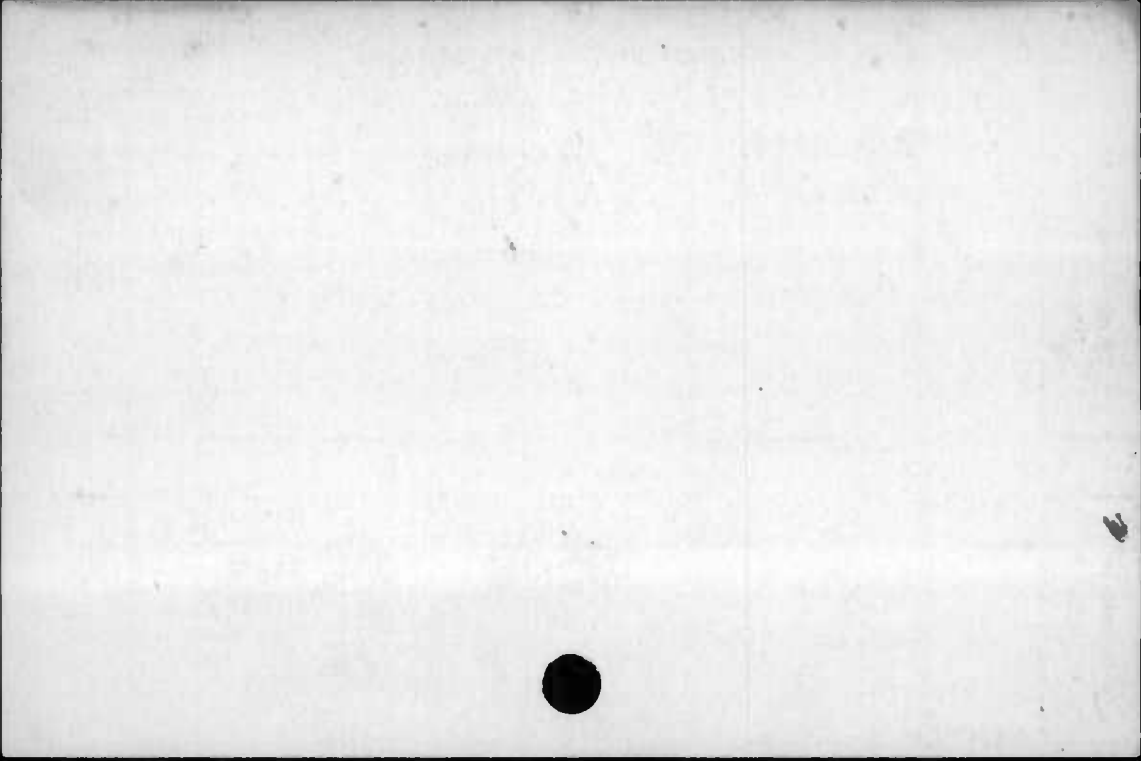
Immediate *Infantile Convulsions* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *Yes.*

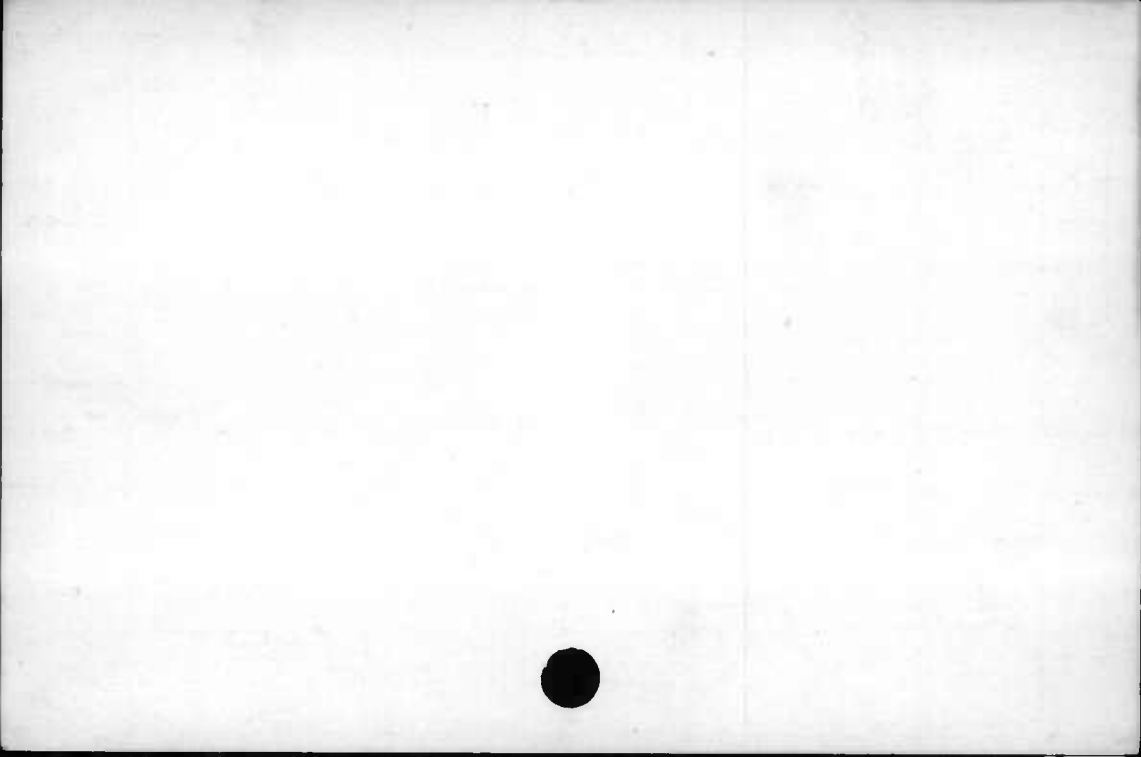
Signature of Physician *Dr. J. A. Glantz*

Address *41 Eastern Ave. E.*

Accident or Suicide? _____



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at Catonsville <small>Town</small>		Balto <small>County</small>		MARYLAND
	Date of death 1906	Month Aug	Day 29	Age 4 <small>Years</small>	Months — Days —
	Sex female	Color or Race Colored		Birth-place Md.	
	Occupation —		Where Residing if not at place of death Catonsville Md		
	Married, Single or Widowed X		Name of Wife or Husband		
	Father's Name Robert Tyler		Father's Birthplace Md		
	Mother's Maiden Name Mary Hackett		Mother's Birthplace Md		
Name of person giving information Robert Tyler		How related to deceased Father			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary Diphtheria		How long 3 days		9
	Immediate strangulation		How long		
	Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Marshall B. West.		
			Address Catonsville Md		
Accident or Suicide? X					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Walter Vausciver		County Baltimore		MARYLAND	
Died at Westport		Month Aug		Day 3	
Date of death 1906		Age 4		Months —	
Sex Male		Color or Race W.		Birth-place Westport	
Occupation —		Where Residing if not at place of death at place of death			
Married, Single or Widowed —		Name of Wife or Husband —			
Father's Name Robt. Vausciver		Father's Birthplace Ind		Mother's Birthplace Ind	
Mother's Maiden Name Hissley		How related to deceased Father		Name of person giving information Robt Vausciver	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cause I did not attend the infant but from information given by grandmother suspected congenital malformation of heart inducing cancer		How long 4 do.
Immediate Cause Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Le W. Brannin M.D.
Yes		Address 400 Hanover St. Baltimore.
Accident or Suicide? —		

Jo. M. Seyfer
Western Union

Name in Full		Frank Henry Wahl				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Mt Washington		County Baltimore		MARYLAND	
	Date of death	1906	Month Aug	Day 4	Years 28	Months	Days
	Sex	Male		Color or Race	white		Birthplace
	Occupation	Electrician		Where Residing if not at place of death		Mt Washington	
	Married, Single or Widowed	Married		Name of Wife or Husband	Catherine Wahl		
	Father's Name	Roger Wahl				Father's Birthplace	Ireland
	Mother's Maiden Name	Annie Lavin				Mother's Birthplace	Ireland
Name of person giving information	Annie Newbar				How related to deceased	Sister	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Typhoid fever				How long	3 weeks
	Immediate	Shock from perforation				How long	3 1/2 hours
	Are the name, age, sex, color, date and place correctly given above?				Yes		
	Signature of Physician				D. H. Beeten M.D.		
	Address				Mt Washington		
Accident or Suicide?				No			

St. Mary's Covington

MARTIN FAHEY & SONS,
Funeral Directors & Embalmers,

606 & 608 W. LaFayette Ave.

TELEPHONE 1993. —

Name
in
Full

James H. Ware

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Greenwood</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Aug</i>	Day <i>5</i>	Years <i>Age about 60</i>	Months <i>✓</i>	Days <i>✓</i>
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>Doubt-Prussia</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>✓</i>		
Married, Single or Widowed <i>✓</i>			Name of Wife or Husband <i>✓</i>		
Father's Name <i>✓</i>			Father's Birthplace <i>✓</i>		
Mother's Maiden Name <i>✓</i>			Mother's Birthplace <i>✓</i>		
Name of person giving information <i>Horatio Burton</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart- Disease</i>	How long <i>few days</i>
Immediate <i>" "</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. F. Harrison</i>
	Address <i>Look Ravening</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Ruth Weems

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Tuckerville^{County} Balto.

Date of death 1906 Aug

Day 25

Age —

Months —

Days 16

Sex Female

Color or Race

Colored

Birthplace

Tuckerville

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

Henry Weems

Father's Birthplace

Balto Co.

Mother's Maiden Name

Emma Farmer

Mother's Birthplace

Balto Co.

Name of person giving information

Emma Weems

How related to deceased

Mother

CAUSES OF DEATH

Primary

Enterocolitis

How long

10 days

Immediate

Exhaustion

How long

two hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

L. Tibbons, M.D.

Address

Tuckerville Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

John Burns Sons
Towson

Colored Cemetery
Towson

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Still born infant *William*

Town *Sparrow Point* County *Baltimore*

Died at *Sparrow Point Baltimore*

Month *Aug* Day *12* Years *—* Months *—* Days *—*

Date of death *1906 Aug 12*

Sex *male* Color or Race *colored* Birth-place *Sparrow Point*

Occupation *—* Where Residing if not at place of death *" "*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Philip Williams* Father's Birthplace *Va*

Mother's Maiden Name *Florence Reed* Mother's Birthplace *Va*

Name of person giving information *Philip Williams* How related to deceased *father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *still born infant* How long *—*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

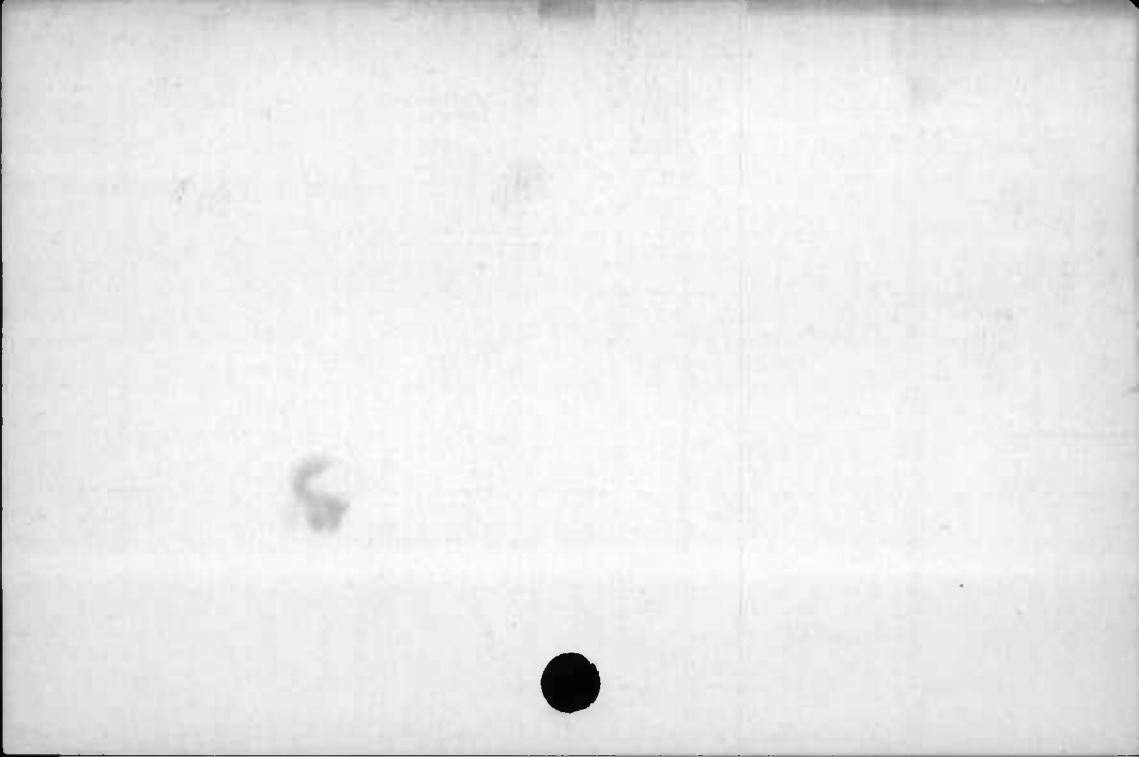
Signature of Physician *G. M. McCormick M.D.*

Address *Sparrow Point Md.*

Accident or Suicide? *no*



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>near Ruststown</u>		County <u>Bello</u>		MARYLAND
	Date of death <u>1906</u>	Month <u>aug</u>	Day <u>25</u>	Age <u>54</u>	Months <u>—</u> Days <u>—</u>
	Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Carroll co Md</u>	
	Occupation <u>House wife</u>		Where Residing if not at place of death <u>—</u>		
	Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Lewis Wilson</u>			
	Father's Name <u>John Shattus</u>	Father's Birthplace <u>Carroll co Md</u>			
	Mother's Maiden Name <u>Cassie Hawkins</u>	Mother's Birthplace <u>" " "</u>			
	Name of person giving information <u>Lewis Wilson</u>		How related to deceased <u>Husband</u>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <u>Cerebral Hemorrhage</u>		How long <u>Sudden</u>		
	Immediate <u>64</u>		How long <u>—</u>		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>H. M. Slade</u>		
			Address <u>Ruststown Md</u>		
Accident or Suicide?					



Name
in
Full

Ress Thomas Hood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Harford Road</u>		Town <u>Balto</u>		County <u>Balto</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>8</u>	Day <u>19</u>	Age <u>61</u>	Years	Months <u>11</u>	Days <u>12</u>	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>England</u>			
Occupation <u>Clergy man</u>			Where Residing if not at place of death <u>Harford Road</u>				
Married, <u>Single</u> or Widowed		Name of Wife or Husband <u>Elizabeth Faylor Hood</u>					
Father's Name <u>Not known</u>				Father's Birthplace <u>England</u>			
Mother's Maiden Name <u>Not known</u>				Mother's Birthplace <u>England</u>			
Name of person giving information <u>C. P. Hood</u>				How related to deceased <u>wife</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Injury from horse</u>	How long <u>166</u>
Immediate <u>Shock</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>R. L. Massenburg</u>
	Address <u>Pawson Md</u>
Accident or <u>Struck</u>	

Geo W. Grammer
Putty Hill

London Park

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Unknown</i>		Town <i>Chase</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Killed</i>		Month <i>Aug</i>		Day <i>19</i>		Years <i>35 or 40</i>	
Date of death <i>1906</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth place _____	
Occupation <i>Not Known</i>		Where Residing if not at place of death <i>Not Known</i>		_____		_____	
Married, Single or Widowed <i>Not Known</i>		Name of Wife or Husband _____		_____		_____	
Father's Name <i>Not Known</i>		Father's Birthplace _____		_____		_____	
Mother's Maiden Name <i>Not Known</i>		Mother's Birthplace _____		_____		_____	
Name of person giving information <i>Coroner</i>		How related to deceased _____		_____		_____	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Killed by train on P.B. & W. R.R.</i>	How long _____
Immediate _____	How long _____
Are the name, age, sex, color, date and place correctly given above? _____	Signature of Physician <i>James F. Gibson</i>
_____	Address <i>Chase Md</i>
Accident or Suicide? <i>accident</i>	_____

